


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P95000064631                            |  |
| 1. Entity Name<br>ANCLOTE MANAGEMENT COMPANY, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>12959 STATE ROAD 54<br>ODESSA, FL 33556 | Mailing Address<br>12959 STATE ROAD 54<br>ODESSA, FL 33556 |
|--|--|



02022006 No Chg-P CR2E034 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3335934 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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|--|
| 6. Name and Address of Current Registered Agent<br><br>HINES, JAMES P<br>315 HYDE PARK AVENUE<br>TAMPA, FL 33606 |
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**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STARKEY, JAY B JR.<br>12959 STATE ROAD 54<br>ODESSA, FL 33556 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>STARKEY III, JAY B<br>12959 SR 54<br>ODESSA, FL 33556        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>STARKEY, FRANK<br>12959 SR 54<br>ODESSA, FL 33556            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

UN0000445807  
03/07/06-80063-019 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all the like empowered.

|  |               |                 |
|--|---------------|-----------------|
| SIGNATURE:  | Date: 2/27/06 | Daytime Phone # |
|--|---------------|-----------------|