## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 21, 2005 08:00 A			
DOCUMENT # P98000096524  1. Entity Name ANCLOTE ADVENTURES, INC.				Se	cretary	of State	
Principal Place of Business 12959 STATE ROAD 54 ODESSA, FL 33556	Mailing Address 12959 STATE ROAD 54 ODESSA, FL 33556	<u> </u>		<b>1</b> 1818) 1911) <b>181</b> 11 <b>181</b> 1		<b>.</b>    <b>  </b>	
DO NOT WRITE	CE	01052005 No Chg-P CR2E034 (10/03)  4. FEI Number					
6, Name and Address of Current Ro HINES, JAMES P 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606	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  Signature, typed or printed name at registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.			.00 May Be led to Fees				
10.         OFFICERS AND D           ITILE         D           NAME         STARKEY, JAY B JR           STREET ADDRESS         12959 STATE ROAD 54           City-St-ZiP         ODESSA, FL 33556	U00000188578 01/24/05-80062-003 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		-     -					
TITLE  NAME  STREET ADDRESS  CITY - ST- ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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 empowers.

OFFICER OR DIRECTOR

SIGNATURE: