


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000096524 1. Entity Name ANCLOTE ADVENTURES, INC.	
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Principal Place of Business 12959 STATE ROAD 54 ODESSA, FL 33556	Mailing Address 12959 STATE ROAD 54 ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3543474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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 J. B. Starkey, Jr. President DATE 1-11-08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKEY, JAY B JR 12959 STATE ROAD 54 ODESSA, FL 33556
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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 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 other like empowered.

SIGNATURE: J. B. Starkey, Jr. President DATE JAN 11 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR