


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90026 039 ***150.00

DOCUMENT # M85427

1. Entity Name
ANCHOR SCREENS INC.



Principal Place of Business
7330 SOUTH US #1 HIGHWAY
PORT ST. LUCIE, FL 34952 US

Mailing Address
7330 SOUTH US #1 HIGHWAY
PORT ST. LUCIE, FL 34952 US

40040000



2. Principal Place of Business - No P.O. Box #
2125 S.E. HARLOW ST
 Suite, Apt. #, etc.

3. Mailing Address
2125 S.E. HARLOW ST
 Suite, Apt. #, etc.

03102008 Chg-P CR2E034 (12/06)

City & State
Port St Lucie FL

City & State
Port St Lucie FL

Zip
34952

Country
USA

Zip
34952

Country
USA

4. FEI Number
65-0059323

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GENEVIEVE JACKSON
7330 SOUTH US HIGHWAY #1
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name
Genevieve Jackson

Street Address (P.O. Box Number is Not Acceptable)
2125 S E HARLOW ST

City
Port St Lucie **FL** Zip Code
34952

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  **V.P. Anchor Screens Inc 3/16/08**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD	<input type="checkbox"/> Delete
NAME JACKSON, JAMES G.	
STREET ADDRESS 2125 SE HARLOW STREET	
CITY-ST-ZIP PORT ST. LUCIE, FL 34952	
TITLE VPSD	<input type="checkbox"/> Delete
NAME JACKSON, GENEVIEVE	
STREET ADDRESS 2125 SE HARLOW STREET	
CITY-ST-ZIP PORT ST. LUCIE, FL 34952	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **3/16/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #