

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000142597**  
 1. Entity Name  
**ANCHOR MANUFACTURED HOME SERVICES, INC.**



Principal Place of Business      Mailing Address  
**1336 OAK POINT CT**                      **1336 OAK POINT CT**  
**VENICE, FL 34292**                          **VENICE, FL 34292**

**DO NOT WRITE IN THIS SPACE**



01132007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**20-1847139**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
**REEGLER, SARI LYNN**  
**REEGLER & TORNESE, P.A.**  
**1521 S TAMiami TRAIL**  
**VENICE, FL 34285**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTINEAU, ALBERT
STREET ADDRESS	1336 OAK POINT CT
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	MARTINEAU, CYNTHIA
STREET ADDRESS	1336 OAK POINT CT
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/23/07-80050-006 150.00

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: *Cynthia Martineau*      *Jan 18, 2007*      *941-483-3110*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Cynthia Martineau*