


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90072 034 \*\*\*550.00

|   |                                 |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| <b>DOCUMENT # P03000034608</b><br>1. Entry Name<br><b>ANCHOR INSURANCE AGENCY, INC.</b>   |                                 |  |  |   |  |
| Principal Place of Business<br><b>4424 NW 13TH ST STE C-12<br/>GAINESVILLE, FL 32609</b>  |                                 |  | Mailing Address<br><b>4424 NW 13TH ST STE C-12<br/>GAINESVILLE, FL 32609</b> |  |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |  |  |  |
| City & State  |                                 | City & State   |  |  |  |
| Zip   | Country                         | Zip  | Country  | 4. FEI Number<br><b>02-0693037</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |                                 |  |  | 7. Name and Address of New Registered Agent  |  |
| <b>FONK, ALAN</b><br><b>4424 NW 13TH ST STE C-12</b><br><b>GAINESVILLE, FL 32609</b>  |                                 |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>  |                                 |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 8, 2004</b>   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |  |  |
| TITLE   | D                               |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>FONK, ALAN</b>               |  | NAME   |  |  |
| STREET ADDRESS  | <b>4424 NW 13TH ST STE C-12</b> |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | <b>GAINESVILLE, FL 32609</b>    |  | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                 |  | NAME   |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                 |  | NAME   |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                 |  | NAME   |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                 |  | NAME   |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                 |  | 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 other like empowered. |                                 |  |  |  |  |
| <b>SIGNATURE:</b> <i>Alan Fonk</i> <b>ALAN FONK</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |  | <b>8/13/2004</b> <b>352-338-1906</b><br><small>Date Daytime Phone #</small>  |  |  |

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.