

FILED
May 02, 2008 8:00 am
Secretary of State

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**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000112318				40093776	
Entity Name 45 ANCHOR PROPERTIES OF VERO BEACH, INC.					
Principal Place of Business 33 17TH ST., SUITE U VERO BCH, FL 32960		Mailing Address P.O BOX 971 VERO BEACH, FL 32961			
Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number: 65-0614334	
5. Certificate of Status Desired ☐		Applied for Not Applicable			
6. Name and Address of Current Registered Agent MCHUGH, JOHN J JR. 33 17TH ST., SUITE U VERO BCH, FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 I accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
D. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CARTER, PHILLIP J 333 17TH ST., SUITE U VERO BCH, FL 32960 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARTER, JUDITH 333 17th Street, Suite U Vero Beach, FL 32960 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 I 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 of Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: 		MRS. J.C. CARTER 29/4/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone			