

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000034608

**Entity Name:** ANCHOR INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4424 NW 13TH ST STE C-12  
GAINESVILLE, FL 32609

**Current Mailing Address:**

4424 NW 13TH ST STE C-12  
GAINESVILLE, FL 32609

**FEI Number:** 02-0683037

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FONK, ALAN  
4424 NW 13TH ST STE C-12  
GAINESVILLE, FL 32609 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name FONK, ALAN  
Address 4424 NW 13TH ST STE C-12  
City-State-Zip: GAINESVILLE FL 32609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALAN J FONK

**PRESIDENT**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date