

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000061597

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

**Current Principal Place of Business:**

5959 CENTRAL AVENUE, SUITE 200  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

PO BOX 40950  
ST. PETERSBURG, FL 33743 US

**FEI Number:** 47-1455170

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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           DIRECTOR  
Name           KERKAR, PRAMOD  
Address        5959 CENTRAL AVENUE, SUITE 200  
City-State-Zip: ST. PETERSBURG FL 33710

Title           CFO  
Name           WEINER, DAVID  
Address        5959 CENTRAL AVENUE, SUITE 200  
City-State-Zip: ST. PETERSBURG FL 33710

Title           DIRECTOR, PRESIDENT, CEO  
Name           KATZ, BRIAN  
Address        5959 CENTRAL AVENUE, SUITE 200  
City-State-Zip: ST. PETERSBURG FL 33710

Title           DIRECTOR  
Name           HOOKER, KYLE  
Address        5959 CENTRAL AVENUE, SUITE 200  
City-State-Zip: ST. PETERSBURG FL 33710

Title           SECRETARY  
Name           ADAMS, ERIC  
Address        4301 WEST BOY SCOUT BLVD.  
                  SUITE 300  
City-State-Zip: TAMPA FL 33607

*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:** BRIAN KATZ

**PRESIDENT**

**04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date