

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 234696**

1. Entity Name  
ANCHOR INVESTMENT CORPORATION OF FLA.



Principal Place of Business

500 S. FLORIDA AVE.  
STE. 700  
LAKE LAND, FL 33801

Mailing Address

500 S. FLORIDA AVE.  
STE. 700  
LAKE LAND, FL 33801



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0898439

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, RONALD L.  
500 S FLORIDA AVENUE  
SUITE 800  
LAKE LAND, FL 33801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	MAXWELL, LAWRENCE W
STREET ADDRESS	500 S. FLORIDA AVE., STE. 700
CITY - ST - ZIP	LAKE LAND, FL 33801
TITLE	PT
NAME	MAXWELL, LAWRENCE T
STREET ADDRESS	500 S FLORIDA AVENUE STE 700
CITY - ST - ZIP	LAKE LAND, FL 33801
TITLE	AT
NAME	KELLEY, KIM S
STREET ADDRESS	500 S FLORIDA AVENUE STE 700
CITY - ST - ZIP	LAKE LAND, FL 33801
TITLE	S
NAME	EBDRUP, BRIDGET
STREET ADDRESS	500 S FLORIDA AVENUE
CITY - ST - ZIP	LAKE LAND, FL 33801
TITLE	T
NAME	FALK, BENJAMIN
STREET ADDRESS	500 S FLORIDA AVE., STE 700
CITY - ST - ZIP	LAKE LAND, FL 33801
TITLE	V
NAME	DROST, WILLIAM D
STREET ADDRESS	500 S FLORIDA AVE., STE 700
CITY - ST - ZIP	LAKE LAND, FL 33801

U00000553944  
05/15/06-80072-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Kim S Kelley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 863-647-1581  
Date Daytime Phone #