

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90077 033 ***150.00

DOCUMENT # 485196

1. Entity Name
ANACONDA REALTY CO.



Principal Place of Business
**1881 NE 26 ST.
SUITE 244-C
FT. LAUDERDALE, FL 33305 US**

Mailing Address
**1881 NE 26 ST
SUITE 244-C
FT. LAUDERDALE, FL 33305 US**

50035043



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 203 A

Suite, Apt. #, etc.

SUITE 203 A

City & State

SAME

City & State

SAME

Zip

Country

Zip

Country

04052005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1626542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISHER, GARY K
358 NE ALICE ST
JENSEN BEACH, FL 34957**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
FISHER, GARY K.
358 NE ALICE ST
JENSEN BEACH, FL 34957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
FISHER, CHERYL
358 NE ALICE ST
JENSEN BEACH, FL 34957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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.

SIGNATURE:

Gary Fisher

GARY FISHER

4/5/05

772-564-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #