

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710629

FILED
Apr 12, 2005
Secretary of State

Entity Name: THE ORMOND ANCHORS CHASERS, INC.

Current Principal Place of Business:

4 KATRINAS DR.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4 KATRINAS DR.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-1053477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERBOUSEK, DON
1635 MORAVIA AVE.
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONLEY, DAVID
Address: 225 SANDBY CIRCLE
City-St-Zip: SOUTH DAYTONA, FL

Title: VD () Delete
Name: TURNER, JIM
Address: 2620 QUEEN PALM DRIVE
City-St-Zip: EDGEWATER, FL

Title: SD () Delete
Name: CZUL, ERNIE,
Address: 4 N. VENETIAN WAY
City-St-Zip: PORT ORANGE, FL 32117

Title: TD () Delete
Name: NORRIS, CLIFFORD
Address: 4 KATRINAS DR.
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: LANE, JOHN,
Address: 2609 PENINSULA DR.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: SERBOUSEK, DON,
Address: 1635 MORAVIA AVE.
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: NORRIS, CLIFFORD
Address: 4 KATRINAS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD NORRIS

TD

04/12/2005

Electronic Signature of Signing Officer or Director

Date