

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000266

FILED
Apr 20, 2011
Secretary of State

Entity Name: ANCHOR BAY INSURANCE MANAGERS, INC.

Current Principal Place of Business:

10049 KITSAP MALL BLVD SUITE 303
SILVERDALE, WA 98383

New Principal Place of Business:

Current Mailing Address:

PO BOX 2510
SILVERDALE, WA 98383

New Mailing Address:

FEI Number: 91-2048606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CP
Name: TANNER, WILLIAM H
Address: 10049 KITSAP MALL BLVD SUITE 303
City-St-Zip: SILVERDALE, WA 98383

Title: VCVF
Name: TANNER, LINDA LS
Address: 10049 KITSAP MALL BLVD SUITE 303
City-St-Zip: SILVERDALE, WA 98383

Title: S
Name: TANNER, LINDA LS
Address: 10049 KITSAP MALL BLVD SUITE 303
City-St-Zip: SILVERDALE, WA 98383

Title: T
Name: CABBELL, SALLY R
Address: 10049 KITSAP MALL BLVD SUITE 303
City-St-Zip: SILVERDALE, WA 98383

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: SALLY CABBELL

VP T

04/20/2011

Electronic Signature of Signing Officer or Director

Date