

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05695

Entity Name: ANCHOR TAMPA, INC.

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

3907 W OSBORNE AVE  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

3907 W OSBORNE AVE  
TAMPA, FL 33614

## New Mailing Address:

FEI Number: 59-2655266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VACCARO, MANUEL  
3907 W OSBORNE AVE  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

VACCARO, MANUEL  
3907 W OSBORNE AVE  
TAMPA, FL 33614 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: MANUEL VACCARO

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VACCARO, MANUEL,  
Address: 16305 MCGLAMERY RD  
City-St-Zip: ODESSA, FL 33556

Title: VTS ( ) Delete  
Name: FOWLER, JIMMY D.,  
Address: 8314 W FOREST CIRCLE  
City-St-Zip: TAMPA, FL 33615

Title: V ( ) Delete  
Name: WILSON, ROBERT H.,  
Address: 5720 IMPERIAL KEY  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VACCARO, MANUEL  
Address: 16305 MCGLAMERY RD  
City-St-Zip: ODESSA, FL 33556

Title: VTS (X) Change ( ) Addition  
Name: FOWLER, JIMMY D  
Address: 8314 W FOREST CIRCLE  
City-St-Zip: TAMPA, FL 33615

Title: V (X) Change ( ) Addition  
Name: WILSON, ROBERT H  
Address: 5720 IMPERIAL KEY  
City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIMMY D. FOWLER

VTS

01/04/2007

Electronic Signature of Signing Officer or Director

Date