

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05695

Entity Name: ANCHOR TAMPA, INC.

FILED
Jan 14, 2009
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:

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

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

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

Title: V (X) Change () Addition
Name: WILSON, ROBERT H
Address: 5720 IMPERIAL KEY
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date