

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # K98850**

1. Entity Name  
**ANCHOR MINI MART, INC.**

Principal Place of Business <b>ANCHOR MINI MART CLEARWATER BEACH FL 33767</b>	Mailing Address <b>207 CORANADO DRIVE CLEARWATER BEACH FL 33767</b>
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2. Principal Place of Business - No P.O. Box #      3. Mailing Address

1st MOORE      CR2E034 (10/06)

Suito, Apt. #, etc.      Suito, Apt. #, etc

City & State      City & State

4. FEI Number **59-3066436**      Applied For  
Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TRACEY, MARLYN  
207 CORANADO DRIVE  
CLEARWATER BCH. FL 34630**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>P</b>      <input type="checkbox"/> Delete</p> <p><b>TRACEY, MARLYN</b> <b>207 CORANADO DRIVE</b> <b>CLEARWATER BCH. FL 34630-2431</b></p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change    <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>VP</b>      <input type="checkbox"/> Delete</p> <p><b>TRACEY, CHRIS M.</b> <b>207 CORANADO DRIVE</b> <b>CLEARWATER BCH. FL 34630-2431</b></p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change    <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change    <input type="checkbox"/> Addition</p>
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U00000667256  
03/26/07-80021-007-150.00  
 Change     Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Marlyn Tracey      3/15/07 (707) 449 0810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #