

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90080 022 ****55.00

DOCUMENT # L01000019620

1. Entity Name
ANCHOR ACQUISITION & DEVELOPMENT COMPANY, LLC



Principal Place of Business
**809 SOUTH SAFFORD STREET, SUITE B
TARPON SPRINGS, FL 34689**

Mailing Address
**POST OFFICE BOX 2208
TARPON SPRINGS, FL 34688-2208**

00041302



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number

02-0551120

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILONAS, TASO M
1800 SECOND STREET, SUITE 884
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

James Routzoukas

Street Address (P.O. Box Number is Not Acceptable)

809 South Safford Ave

City

Tarpon Springs

FL

Zip Code

34689

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

Signature, typed or printed name of registered agent and title if applicable.

James Routzoukas Member

2-28-07

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KOKKINOS, NICK**
STREET ADDRESS **716 VIRGINIA AVENUE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **MGR** ☐ Delete
NAME **BOUTZOUKAS, JAMES**
STREET ADDRESS **1761 ROYAL OAK PLACE WEST**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

James Routzoukas Member

Date

2-28-07

Daytime Phone #

727

945-8498