


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90034 048 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000043944 1. Entity Name ANCHOR ALARM & ELECTRONIC LLC		
Principal Place of Business 436 LOUIE DEAN ROAD CHATTAHOOCHEE, FL 32324		Mailing Address 436 LOUIE DEAN ROAD CHATTAHOOCHEE, FL 32324
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 20-0404724		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JOHNSON, BARBARA A 373 E. JEFFERSON ST. QUINCY, FL 32351		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signatures required when retreating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
8. MANAGING MEMBERS / MANAGERS		9. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHOLAR, MARIANNE 438 LOUIE DEAN ROAD CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHOLAR, NORMAN 438 LOUIE DEAN ROAD CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Delete	CORRECT SPELLING - <input type="checkbox"/> Change <input type="checkbox"/> Addition SCHOLER
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NORMAN, GARY 438 LOUIE DEAN ROAD CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Norman C. Scholer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EACHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		04-25-05 8504424071 <small>Date Daytime Phone #</small>

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