

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2004 08:00 AM  
Secretary of State

DOCUMENT # L30177

1. Entity Name

ANCHOR INDUSTRIES INTERNATIONAL, INC.



Principal Place of Business

TROPICANA FIELD  
ONE TROPICANA DRIVE  
ST PETERSBURG FL 33705  
US

Mailing Address

TROPICANA FIELD  
ONE TROPICANA DRIVE  
ST PETERSBURG FL 33705  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0155439

Applied For

Not Applicable

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

NAIMOLI, VINCENT J  
TROPICANA FIELD  
ONE TROPICANA DRIVE  
ST PETERSBURG FL 33705

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 DCPT ☐ Delete  
NAME NAIMOLI, VINCENT J.  
STREET ADDRESS 16616 VILLA LENDA DE AVILA  
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000039459  
CITY-ST-ZIP 02/09/04-80006-003 150.00

TITLE V ☐ Delete  
NAME YOUNG, JAMES E  
STREET ADDRESS 16128 ANCROFT CT  
CITY-ST-ZIP TAMPA FL 33647

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

TITLE S ☐ Delete  
NAME VILLANOVA, DIANE J  
STREET ADDRESS 6117 SOUTH ELKINS ST  
CITY-ST-ZIP TAMPA FL 33611

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. YOUNG

02/04/04

727 825 2100

Date

Daytime Phone #