

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L79158

1. Entity Name
ANCHOR REALTY AND MORTGAGE COMPANY OF ST.
GEORGE ISLAND



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 APR 18 PM 2:48

Principal Place of Business
82 6TH STREET
APALACHICOLA, FL 32320 US

Mailing Address
P.O. BOX 250
APALACHICOLA, FL 32329-0250 US



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3014672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONOD-DUCIMETIERE, OLIVIER
82 6TH STREET
APALACHICOLA, FL 32320

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MONOD-DUCIMETIERE, OLIVIER 82 6TH STREET APALACHICOLA, FL 32320
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300097954413
04/23/07--01005--029 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

OLIVIER DUCIMETIERE 4/16/07
MONOD

Date

850.899.7999

Daytime Phone #