

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90010 002 ***150.00

DOCUMENT # P00000018170						
1. Entity Name ANCHOR IT RIGHT, INC.						
Principal Place of Business 4350 CEDAR FORD BLVD. HASTINGS, FL 32145			Mailing Address 4350 CEDAR FORD BLVD. HASTINGS, FL 32145			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-3626889		
Zip		Country		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
LEE, EVAN 4350 CEDAR FORD BLVD. HASTINGS, FL 32145			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: <u>Evan S. Lee</u> 2/11/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME LEE, EVAN S		<input type="checkbox"/> Delete	TITLE ✓	NAME LEE, ANGELA	
STREET ADDRESS 4350 CEDAR FORD BLVD	CITY - ST - ZIP HASTINGS, FL 32145		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 4350 Cedar Ford Blvd	CITY - ST - ZIP Hastings, FL 32145	
TITLE V	NAME LEE, ANGELA		<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4350 CEDAR FORD BLVD	CITY - ST - ZIP HASTINGS, FL 32145		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS STREET ADDRESS	CITY - ST - ZIP CITY - ST - ZIP	
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12. 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 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: <u>Evan S. Lee</u>			2/11/04		(904) 237-8632	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	