2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000088056

1. Entity Name
ANCHOR TITLE GROUP, INC.

Principal Place of Business	Mailing Address
41264 US 19N TARPON SPRINGS, FL 34689 US	41264 US 19N TARPON SPRINGS, FL 34689 US

02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3742284
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIPES, DOUGLAS M PRES
3074 HILLSIDE LANE
SAFETY HARBOR, FL 34695

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000495185
04/20/06-80075-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PIPES, DOUGLAS M
STREET ADDRESS	3074 HILLSIDE LANE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	DVP
NAME	HENSLEY, LISA D
STREET ADDRESS	16623 RICHLOAM LANE
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	DVP
NAME	MILLS, INA E
STREET ADDRESS	435 MEADOW LARK LANE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	MILLS, BUELL B
STREET ADDRESS	435 MEADOW LARK LANE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lisa D Hensley 4/4/06 727-942-6024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lisa D Hensley