

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013896

FILED
Apr 16, 2008
Secretary of State

Entity Name: ANCHOR FINANCIAL ENTERPRISE, INC.

Current Principal Place of Business:

3347 S WESTSHORE BLVD.
SUITE 1
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130061
TAMPA, FL 33681

New Mailing Address:

FEI Number: 80-0036201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIN, ANDY
3347 S WESTSHORE BLVD. SUITE 1
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

AGOSTINELLI, MICHAEL
3347 S WESTSHORE BLVD. SUITE 1
TAMPA, FL 33629 US

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.

SIGNATURE: MICHAEL AGOSTINELLI

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: SAIN, ANDY
Address: 3347 S WESTSHORE BLVD SUITE 1
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: SHADDAY, LAWRENCE
Address: 3347 S WESTSHORE BLVD SUITE1
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE R SHADDAY

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date