

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

01-11-2007 90057 037 ***158.75

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1. Entity Name

THE ANCHORAGE OF BOYNTON BEACH, INC.



Principal Place of Business

2651 S.E. 2ND STREET
BOYNTON BEACH, FL 33435

Mailing Address

3504 SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number

47-0850299

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

DE GASPE, MAYA
3504 SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

**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

MAYA de GASPE Pres. M. May. de G. 01/03/07

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

(NOTE: Registered Agent signature required when reappointing)

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

P
DE GASPE, MAYA
3504 SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

TITLE
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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:

M. May. de G. Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAYA de GASPE PRES.

2/5/07 561 731-3536
Date Daytime Phone #