

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046881

FILED
Apr 07, 2008
Secretary of State

Entity Name: ANCHOR MORTGAGE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4016 S NOVA ROAD STE E
PORT ORANGE, FL 32127

New Principal Place of Business:

197 HAZELWOOD RIVER RD.
EDGEWATER,, FL 32141

Current Mailing Address:

4016 S NOVA ROAD STE E
PORT ORANGE, FL 32127

New Mailing Address:

197 HAZELWOOD RIVER RD.
EDGEWATER,, FL 32141 US

FEI Number: 01-0692787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, DWIGHT T
4016 S NOVA ROAD STE E
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

MOODY, DWIGHT T
197 HAZELWOOD RIVER RD.
EDGEWATER,, FL 32141 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:

04/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOODY, DWIGHT T
Address: 6186 YELLOWSTONE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: BARLOW, BOBBI P
Address: 6186 YELLOWSTONE DR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOODY, DWIGHT T
Address: 197 HAZELWOOD RIVER RD.
City-St-Zip: EDGEWATER,, FL 32141 US

Title: D (X) Change () Addition
Name: BARLOW, BOBBI P
Address: 197 HAZELWOOD RIVER RD.
City-St-Zip: EDGEWATER,, FL 32141 US

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: DWIGHT T. MOODY

PRES

04/07/2008

Electronic Signature of Signing Officer or Director

Date