2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 08:00 AM Secretary of State

(904) 705-8173

1. Entity Nam ANCHOF	RLIGHT, INC.				Secretary of State
1802 LAKED		Mailing Address 1802 LAKEDGE DRIVE MIDDLEBURG, FL 32068			
	O NOT WRITE 6. Name and Address of Current Re		CE	01242005 4. FEI Numbe 05-054	
MARTOCI, PHIL 1802 LAKEDGE DRIVE MIDDLEBURG, FL 32068			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, a the obligations of registered agent SIGNATURE Signature, typed of bifned name of registered agent and title if applicable. (NOTE: Registered Agent tignature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				.00 May Be ed to Fees	
TITLE NVME STREET ADDRESS CITY ST-ZIP	OFFICERS AND DIF P MARTOCCI, PHIL 1802 LAKEDGE DRIVE MIDDLEBURG, FL 32068	ECTORS		·	U00000361101 05/05/05-80063-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					33/53/05/ 00003 815 130.00
NAME STREET ADDRESS City+ST-ZIP		·-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS GRY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 epopt 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.					