2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED Sep 03, 2004 8:00 am Secretary of State
DOCUMENT # P02000131219 1. Entity Name				Secretary of State 09-03-2004 90003 045 ***150.00
ANCHOR	CONSULTANCY CORPOR	ATION		
Principal Place of Business 3342 HILLMONT CIRCLE ORLANDO FL 32817		Mailing Address PO BOX 5447 WINTER PARK FL 32793-5447		24 083356
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (4/04)
City & State		City & State		4. FEI Number 31-1819019 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
3342	STMANN; J'RAMON L 2 HILLMONT CIRCLE		Street A	Address (P.O. Box Number is Not Acceptable) 3342 Hillen ION CIRCLE
ORLANDO FL 32817				DRLANDO
			City	pr registered agent, or both, in the State of Florida. 1 am familiar with, and accept
Constraint of Carlings States and an article	LE NOW!!!. FEE IS \$550.00 DUE BY September 8, 2004 Payable to Florida Department	S.607.193(2)(b), F late fee. By check	S., allows for the	ature required when reinstating) DATE e waiver of the \$400.00 corporation certifies it of the is \$150.00. 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May B Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD GABUCAN, JOSE M 3342 HILLMONT CIRCLE ORLANDO FL 32817	Delete	TITLE PC NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/CHAIRMAN & Dicharge Addition THE BOARD & Charge Addition JOSE M. CABUCAN 7342 HILFMONT CIRCLE 6 PLANDO 1 FL. 32817
TITLE NAME Street address City-St-Zip	VTD DAGANI, VALENTI F JR 2318 INDIAN MOUND TR KISSIMMEE FL 34746	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FAUSTMANN, J RAMON L 119 EASTERN FORK LONGWOOD FL 32750	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NERI, NICOLAS E 1607 SEALINER ROAD HOUSTON TX 77062	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗆 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	🗋 Change 🔲 Additio
TITLE NAME Street address City - St - Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. Thereby indicated of the corchanged		s, with all other like empowered	EMKAUE	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director napter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 (407.) 677-0163 SUTO Date Deguine Phone #