2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000034608

1. Entity Name
ANCHOR INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
4424 NW 13TH ST STE C-12	4424 NW 13TH ST STE C-12
GAINESVILLE, FL 32609	GAINESVILLE, FL 32609

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
02-0683037	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FONK, ALAN
4424 NW 13TH ST STE C-12
GAINESVILLE, FL 32609

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	FONK, ALAN	
STREET ADDRESS	4424 NW 13TH ST STE C-12	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE		
NAME		
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01/07/05-80032-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____Alan Fonk President_____   1/6/2005   352-338-1906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #