

FILED

May 31, 2005 08:00 A  
Secretary of State**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000041987

1. Entity Name  
ANCHOR CONSTRUCTION OF FT. MYERS, INC.

Principal Place of Business

10871 SHIRLEY LN  
N FT MYERS, FL 33917

Mailing Address

10871 SHIRLEY LN  
N FT MYERS, FL 33917

05202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0316091Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

FRALICH, JOHN F  
10871 SHIRLEY LN  
N FT MYERS, FL 33917**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

*John H. Fralich*

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

(NOTE: Registered Agent signature required when reinstating)

5/27/05  
DATE**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**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  
PTD  
FRALICH, JOHN H  
10871 SHIRLEY LN  
N FT MYERS, FL 33917TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPU000000368794  
05/31/05-80016-017 150.00**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/26/05 239-543-31