2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State
08-18-2004 90008 024 ***150.00

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1. Entity Name
ANCHORED FOR LIFE, INC.

Principal Place of Business
9951 ATLANTIC BLVD STE 121
JACKSONVILLE, FL 32225

Mailing Address
9951 ATLANTIC BLVD STE 121
JACKSONVILLE, FL 32225

66433396

07142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9951 Atlantic Blvd	9951 Atlantic Blvd
Suite, Apt. #, etc.: #121	Suite, Apt. #, etc.: #121
City & State: Jacksonville, Fl	City & State: Jacksonville, Fl
Zip: 32225 Country: USA	Zip: 32225 Country: USA

4. FEI Number: 01-0780106 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIFFENBAUGH, LINDY S
9951 ATLANTIC BLVD STE 121
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PResiDent NAME: LINDY S. Diffenbaugh STREET ADDRESS: 9951 Atlantic BLVD ste 121 CITY-ST-ZIP: Jacksonville, Fl 32225	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 9/8/04 (904)463-0930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #