


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90105 036 \*\*\*150.00

<b>DOCUMENT # P03000072877</b> 1. Entity Name <b>ANCHOR FINANCIAL SOLUTIONS. INC.</b>																													
Principal Place of Business <b>801 W. BAY DR., 4TH FLOOR LARGO, FL 33770</b>			Mailing Address <b>801 W. BAY DR., 4TH FLOOR LARGO, FL 33770</b>																										
2. Principal Place of Business - No P.O. Box # <b>230 Cleveland Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>230 Cleveland Ave</b> Suite, Apt. #, etc.																											
City & State <b>Largo FL</b>		City & State <b>Largo FL</b>		4. FEI Number - <b>91-2197922</b>																									
Zip <b>33770</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>VERONA LAW GROUP, P.A. 7235 FIRST AVE. SOUTH ST. PETERSBURG, FL 33707</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when constant) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D SULLIVAN, PATRICIA S</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>801 W. BAY DR., 4TH FLOOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LARGO, FL 33770</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D SULLIVAN, PATRICIA S	<input type="checkbox"/> Delete	NAME	801 W. BAY DR., 4TH FLOOR		STREET ADDRESS	LARGO, FL 33770		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D Sullivan, Patricia S</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>230 Cleveland Ave</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Largo, FL 33770</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D Sullivan, Patricia S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	230 Cleveland Ave		STREET ADDRESS	Largo, FL 33770		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																													
<b>SIGNATURE:</b> <u>Patricia Sullivan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/12/2008</u> <u>727-518-0051</u> <small>Date Daytime Phone #</small>																									