

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128442

FILED
Apr 29, 2005
Secretary of State

Entity Name: ANCHOR COMMERCIAL CLEANING, INC.

Current Principal Place of Business:

4530 WHITE POINT CT
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4530 WHITE POINT CT
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-0447720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOOMBS, ANGELA
4530 WHITE POINT CT
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOOMBS, ANGELA
Address: 11 KRISTIN CIR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: TOOMBS, JOHN
Address: 11 KRISTIN CIR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SANTIAGO, DAVID
Address: 11 KRISTIN CIR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOOMBS, ANGELA
Address: 4530 WHITE POINT CT
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change () Addition
Name: TOOMBS, JOHN
Address: 4530 WHITE POINT CT
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change () Addition
Name: SANTIAGO, DAVID
Address: 116 OAK SHORES DR
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TOOMBS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date