

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000008789

1. Entity Name
ANCHOR LAND TITLE, INC.



Principal Place of Business
710 SW PORT ST. LUCIE BLVD.
SUITE A
PORT ST. LUCIE, FL 34953 US

Mailing Address
710 SW PORT ST. LUCIE BLVD.
SUITE A
PORT ST. LUCIE, FL 34953 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0572960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

BROWN, LAWANA M
710 SW PORT ST. LUCIE BLVD.
SUITE A
PORT ST. LUCIE, FL 34953

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P.D
NAME BROWN, LAWANA M
STREET ADDRESS 710 SW PORT ST. LUCIE BLVD., SUITE A
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE VPST
NAME BROWN, WYLIE O
STREET ADDRESS 710 SW PORT ST. LUCIE BLVD., SUITE A
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/18/06-80007-004 150.00

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IN THIS SPACE**

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.

SIGNATURE: Wylie O. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06
Date

772-621-8255
Daytime Phone #