

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90017 032 \*\*\*158.75

**DOCUMENT # P04000023340**

1. Entity Name  
**ANCHOR AUTO SALES, INC.**



Principal Place of Business  
**5180 NW US HIGHWAY 441  
OCALA, FL 34475**

Mailing Address  
**5180 NW US HIGHWAY 441  
OCALA, FL 34475**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-P

CR2E034 (11/05)

4. FEI Number

06-1720179

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, CRAIG W  
1531 SE 36TH AVENUE SUITE E  
OCALA, FL 34471**

Name  
**Susan Crabb & Associates, PA**

Street Address (P.O. Box Number is Not Acceptable)  
**2215 SE Fort King St**

**Suite B**

City  
**Ocala**

**FL**

Zip Code  
**34471**

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

*Johnnie R. Lane*

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

(NOTE: Registered Agent signature required when reinstating)

**3-27-06**

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
GREENE, ANDREW S  
5180 NW US HIGHWAY 441  
OCALA, FL 34475**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
Johnnie R. Lane  
5180 NW US HWY 441  
Ocala FL 34475**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
GREENE, LYNN A  
5180 NW US HIGHWAY 441  
OCALA, FL 34475**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
Dorothy J. Lane  
5180 NW US HWY 441  
Ocala FL 34475**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
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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.

SIGNATURE:

*Johnnie R. Lane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/06**

Date

Daytime Phone #