

2008 FOR PROFIT CORPORATION ANNUAL REPORT .

FILED

Mar 31, 2008 08:00 AM
Secretary of State

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
--	--



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 SUSAN CRABB & ASSOCIATES 2215 SE FORT KING ST SUITE B OCALA, FL 34471	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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	*U000000876384* 04/11/08-80071-001 158.75
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, JOHNNIE R 5180 NW US HIGHWAY 441 OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANE, DOROTHY J 5180 NW US HIGHWAY 441 OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Johnnie R. Lane Johnnie R. Lane ✓ 3-27-08 (352) 291-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #