05-07-07;12:32PM;

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90005 039 ***158.75

DOCUMENT # P04000122390

1. Entity Name
ANCHOR BUILDERS CORP

Principal Place of Business	Mailing Address
1819 MENORCA COURT MARCO ISLAND, FL 34145	1819 MENORCA COURT MARCO ISLAND, FL 34145

05072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
921 HYACINTH Ckt	921 HYACINTH Ckt
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marco Island FL	City & State: Marco Island FL
Zip: 34145 Country: US	Zip: 34145 Country: US

4. FEI Number 84-1654750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONOFF & YOUNG, P.A.
945 SW MARTIN DOWNS BLVD
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GIONET, GARY L STREET ADDRESS: 1819 MENORCA COURT CITY-ST-ZIP: MARCO ISLAND, FL 34145	☐ Delete	TITLE: NAME: Gionet GARY L. STREET ADDRESS: 921 HYACINTH Ckt CITY-ST-ZIP: Marco Island FL 34145	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] (GARY L. GIONET) 5-7-07 (239) 389-9495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #