2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

DOCUMENT # P04000142597 1. Entity Name ANCHOR MANUFACTURED HOME SERVICES, INC.					2001		,
Principal Place 1336 OAK PI VENICE, FL	DINT CT	Mailing Address 1336 OAK POINT CT . VENICE, FL 34292					
DO NOT WRITE IN		N THIS SPAC	CE	01242006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For			
_		· , . · ·	-	20-1847	139	58.7	Not Applicable 5 Additional
	Name and Address of Current Re			3. Certificate o	of Status Desired		equired
REEGLER 1521 S TA VENICE, F 8. The above the obligat		ed office or registe	DO NOT WRITE IN THIS SPACE Stered agent, or both, in the State of Fforida. It am familiar with, and accept				
Signature. Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent alg				e required when reinstating) DATE			
Fil. After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5, Trust Fund Contribution. Add		.00 May Be led to Fees			
10. HITLE MAME SERECI ADDRESS GITY-ST-ZIP HITLE NAME STREEL ADDRESS CITY-ST-ZIP HITLE	OFFICERS AND DII D MARTINEAU, ALBERT 1336 OAK POINT CT VENICE, FL 34292 D MARTINEAU, CYNTHIA 1336 OAK POINT CT VENICE, FL 34292	RECTORS			000000 02/14/06		3_150.00
NAME	į						

STREEI ADDRESS
CITY-ST-ZIP
TITLE

12. I hereby certify that the information supplied with this filling 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 afficer 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:

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE
HAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun. 31, 2005 47

DO NOT WRITE

IN THIS SPACE