

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90249 044 ***158.75

DOCUMENT # P05000009991

1. Entity Name
ANCHOR COMMERCIAL BANK



Principal Place of Business
**13951 U.S.1
JUNO BEACH, FL 33408**

Mailing Address
**13951 U.S.1
JUNO BEACH, FL 33408**

4003913



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-2502516

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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
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 ☐ Delete
NAME **D GOODMAN, LESLIE E**
STREET ADDRESS **916 SPYGLASS LANE**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Change ☒ Addition
NAME **D John M. Oliver**
STREET ADDRESS **1601 Grantham Drive**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☐ Delete
NAME **D HANFORD, THOMAS J**
STREET ADDRESS **2401 N. OCEAN BLVD., #3N**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☒ Addition
NAME **D Peter L.A. Pantages**
STREET ADDRESS **176 Helios Drive Unit 505**
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE ☐ Delete
NAME **D HOFING, SIDNEY L**
STREET ADDRESS **2697 N. OCEAN BLVD., #F608**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Change ☒ Addition
NAME **D Craig A. Spencer**
STREET ADDRESS **1430 Spring Mill Road**
CITY-ST-ZIP **Gladwyne, PA 19035**

TITLE ☐ Delete
NAME **D ISDANER, DANIEL L**
STREET ADDRESS **112 SEGOVIA WAY**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☒ Addition
NAME **D George R. Zoffinger**
STREET ADDRESS **7 Maidstone Court**
CITY-ST-ZIP **Skillman, NJ 08558**

TITLE ☐ Delete
NAME **D KAPSIS, JOHN D**
STREET ADDRESS **904 MAHOGANY PLACE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D MAHON, BRUCE A**
STREET ADDRESS **119 BOWSPRIT DRIVE**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOHN M. OLIVER

3-21-06

561-383-3150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #