2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009991

Entity Name: ANCHOR COMMERCIAL BANK

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
13951 U.S.1	-				ipai i lavo	
Current Mailing Address:				New Mailing Address:		
13951 U.S.1 JUNO BEACH, FL 33408						
FEI Number: 20-2502516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)						
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
				OLIVER, JO 13951 US H JUNO BEA	HIGHWAY (
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.						
SIGNATURE: JOHN M. OLIVER					02/06/2009	
	Electroni	c Signature of Registered Ager	nt			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () GOODMAN, LES 916 SPYGLASS NAPLES, FL 34	LANE		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () HANFORD, THOI 2401 N. OCEAN BOCA RATON, F	BLVD., #3N		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () HOFING, SIDNE 2697 N. OCEAN BOCA RATON, F	BLVD., #F608		Title: Name: Address: City-St-Zip:	PANTAGES,	DRIVE UNIT 505
Title: Name: Address: City-St-Zip:	D () ISDANER, DANIE 112 SEGOVIA W JUPITER, FL 33	EL L /AY		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	KAPSIS, JOHN D 904 MAHOGANY			Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	MAHON, BRUCE	ANDE BLDG 3 SUITE 603		Title: Name: Address: City-St-Zip:	OLIVER, JOH 1601 GRANT	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. OLIVER CEO 02/06/2009