2007 FOR PROFIT CORPORATION

ANNUAL REPORT



04-17-2007 90044 016 ***150 00 DOCUMENT # P05000017961 ANCHOR PROPERTY MANAGEMENT OF SARASOTA, INC. 40064555 Principal Place of Business Mailing Address **401 COMMERCIAL COURT SUITE A** 401 COMMERCIAL COURT SUITE A VENICE, FL 34292 VENICE, FL 34292 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 779 Commerce Drive 779 Commerce Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 CR2E034 (12/06) Chg-P <u>Suite</u> Suite 1 4. FEI Number Applied For 20-2403143 Not Applicable Venice Country \$8.75 Additional 5. Certificate of Status Desired Sarasota Sarasota 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINES, CHARLES D Street Address (P.O. Box Number is Not Acceptable) 420 N RIVER ROAD VENICE, FL 34293 City Zip Code FL 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 diapplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD **PSTD** ☐ Delete 💢 Change Addition TITLE HHE Taylor, 3 David 779 Commerce Drive, Suite1 TAYLOR, J DAVID NAME STREET ADDRESS 401 COMMERCIAL COURT SUITE A STREET ADDRESS CITY-ST-ZIP VENICE, FL 34292 CITY-ST ZIP Venice, FL 34292 TITLE VSD Delete THIE VSD ■ Addition Taylor, Elizabeth E 179 Commerce Drive, Suite 1 TAYLOR, ELIZABETH E NAME MAME STREET ADDRESS 401 COMMERCIAL COURT SUITE A STREET ADDRESS CITY ST-ZIP VENICE, FL 34292 CITY ST ZIP Venice FL 34292 Change Addition HILE Defete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP HUE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY 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 trystee 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 Attraction and the corporation of the receiver of the corporation of the receiver or trystee empowered.

STREET ADDRESS

CITY ST ZIP

TITLE NAME

SIGNATURE:

THE

NAME

STREET ADDRESS CHY-ST-ZIP

J. David Taylor

☐ Delete

Change

Addition

FILED

Apr 17, 2007 8:00 am Secretary of State