

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90083 016 ***150.00

DOCUMENT # P05000066958					
1. Entity Name S&L ANCHOR GROUP, INC.					
Principal Place of Business 14081 EAGLE RIDGE LAKES DR SUITE 202 FORT MYERS, FL 33912			Mailing Address C/O ROBERT D. ROYSTON, JR PO BOX 60205 FORT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Drawer 60205</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>90 John M. Wicker, P.A</i>			
City & State		City & State <i>Fort Myers, FL</i>		4. FEI Number 01182008 Chg-P CR2E034 (12/06) 36-4573817	
Zip	Country	Zip <i>33906</i>	Country <i>Lee</i>	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FT. MYERS, FL 33907			7. Name and Address of New Registered Agent JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907		
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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY- ST- ZIP	P GILMAN, SPAID I 14081 EAGLE RIDGE LAKES DR., #202 FT. MYERS, FL 33912 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST GILMAN, LINDA K 14081 EAGLE RIDGE LAKES DR., #202 FT. MYERS, FL 33912 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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: <i>Spaid I. Gilman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/7/08 239-247-0350 Date Date and Phone #		