


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90017 004 ***158.75

DOCUMENT # P05000164401 1. Entity Name ANCHOR SECURITY AGENCY, INC.					
Principal Place of Business 141 W CENTRAL AVE STE 14 WINTER HAVEN, FL 33880			Mailing Address 141 W CENTRAL AVE STE 14 WINTER HAVEN, FL 33880		
2. Principal Place of Business <i>316 W. Central Avenue</i>		3. Mailing Address <i>316 W. Central Avenue</i>			
Suite, Apt. #, etc. <i>607</i>		Suite, Apt. #, etc. <i>Ste 607</i>			
City & State <i>Winter Haven, FL</i>		City & State <i>Winter Haven, FL</i>		4. FEI Number <i>34-1899262</i>	
Zip <i>33830</i>		Country <i>USA</i>		Zip <i>33830</i>	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEENER, RONALD L. 141 W CENTRAL AVE STE 14 WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name <i>Ronald L. Keener</i> Street Address (P.O. Box Number is Not Acceptable) <i>316 W. Central Avenue</i> <i>Ste 607</i> City <i>Winter Haven</i> FL Zip Code <i>33830</i>		
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 <i>Ronald L. Keener</i> <i>President</i> DATE <i>7-6-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renesting)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO KEENER, RONALD L 141 W CENTRAL AVE STE 14 WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO Ronald L. Keener 102 Francis Scott Key Rd Bartow, FL 33830 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KEENER, REBECCA A 102 FRANCIS SCOTT KEY RD BARTOW, FL 33830 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Ronald L. Keener</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>7-6-06</i>		Daytime Phone # <i>863 401-3686</i>