

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90138 037 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P06000065383</b><br>1. Entity Name<br><b>ANCHORAGE MANUFACTURING, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>1821 NE CRABTREE LANE<br/>JENSEN BEACH, FL 34957</b>  |   |   | Mailing Address<br><b>1821 NE CRABTREE LANE<br/>JENSEN BEACH, FL 34957</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3962 NE Breakwater Dr</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>3962 NE Breakwater Dr</b><br>Suite, Apt. #, etc.   |   |   |  |
| City & State<br><b>Jensen Beach, FL</b><br>Zip <b>34957</b> Country <b>Martin</b>   |   | City & State<br><b>Jensen Beach, FL</b><br>Zip <b>34957</b> Country <b>Martin</b>                                   |   | 4. FEI Number<br><b>65-1277629</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NOLAN, LAWRENCE J<br/>1821 NE CRABTREE LANE<br/>JENSEN BEACH, FL 34957</b>  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3962 NE Breakwater Dr</b><br>City <b>Jensen Beach</b> <b>FL</b> Zip Code <b>34957</b> |   |  |
| 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 reinstating) DATE _____   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>NOLAN, LAWRENCE J</b><br><b>1821 NE CRABTREE LANE</b><br><b>JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3962 NE Breakwater Dr</b><br><b>Jensen Beach, FL 34957</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>ST</b><br><b>NOLAN, MARILYN D</b><br><b>1821 NE CRABTREE LANE</b><br><b>JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3962 NE Breakwater Dr</b><br><b>Jensen Beach, FL 34957</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #