## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000156032

Entity Name: ANCHOR PERSONNEL SERVICES, INC.

FILED May 01, 2008 Secretary of State

		T EROOMINE GERMIGES, II				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
8400 NW OCALA, F	125TH AVE. L 34482			3210 NW 79TH AVE. RD OCALA, FL 34482  New Mailing Address:		
Current N	lailing Addres	s:	New Mail			
8400 NW OCALA, F	125TH AVE. L 34482			3210 NW 79TH AVE. RD OCALA, FL 34482		
FEI Number	: 20-8109350	FEI Number Applied For()	FEI Number Not App	olicable ( )	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and	d Address of	New Registered Agent:	
	E, ANDREW 125TH AVE. L 34482 US	3	3210 NW	MCKENZIE, ANDREW 3210 NW 79TH AVE. RD. OCALA, FL 34482 US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both,	
SIGNATUI	RE: ANDREW	/ MCKENZIE		05/01/2008		
	Electron	ic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notic	ce.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MCKENZIE, AN 8400 NW 125TH OCALA, FL 344	H AVE. 482	Title: Name: Address: City-St-Zip:	MCKENZIE, 7 3210 NW 79 OCALA, FL	TH AVE. RD. 34482	
Title: Name: Address: City-St-Zip:	VD () DAVIS, HEATHE 8583 TIMBERP CENTERVILLE,	ARK RD.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () THOMSEN, IRA 140 N. MAIN SPRNGBORO,		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DICKERSON 165 E. SPRIN	( ) Change (X) Addition , CHARLES NGVALLEY ROAD .E. OH 45458	

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: ANDREW MCKENZIE PRES 05/01/2008