

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000061425

FILED  
Jan 13, 2012  
Secretary of State

**Entity Name:** ANCHOR AIR OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1234 LONG PINE ST.  
DAVENPORT, FL 33897

**New Principal Place of Business:**

516 KETTERING RD.  
DAVENPORT, FL 33897

**Current Mailing Address:**

1234 LONG PINE ST.  
DAVENPORT, FL 33897

**New Mailing Address:**

516 KETTERING RD.  
DAVENPORT, FL 33897

**FEI Number:** 35-2385356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAPLANTE, ANDRE E  
1234 LONG PINE ST.  
DAVENPORT, FL 33897 US

**Name and Address of New Registered Agent:**

LAPLANTE, ANDRE E  
516 KETTERING RD.  
DAVENPORT, FL 33897 US

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.

SIGNATURE: ANDRE LAPLANTE

01/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAPLANTE, ANDRE E  
Address: 516 KETTERING RD.  
City-St-Zip: DAVENPORT, FL 33897

Title: CEOD  
Name: HODGES, KEVIN  
Address: 516 KETTERING RD.  
City-St-Zip: DAVENPORT, FL 33897

Title: VPD  
Name: LAPLANTE, AMY  
Address: 516 KETTERING RD.  
City-St-Zip: DAVENPORT, FL 33897

Title: VPD  
Name: HODGES, KATHERINE  
Address: 516 KETTERING RD.  
City-St-Zip: DAVENPORT, FL 33897

I hereby 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 all other like empowered.

SIGNATURE: ANDRE LAPLANTE

PD

01/13/2012

Electronic Signature of Signing Officer or Director

Date