

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000006409

1. Entity Name  
THE ANCHOR GROUP, INC.



Principal Place of Business  
15670 MCGREGOR BLVD.  
SUITE 106  
FORT MYERS, FL 33908

Mailing Address  
15670 MCGREGOR BLVD.  
SUITE 106  
FORT MYERS, FL 33908



**DO NOT WRITE IN THIS SPACE**

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0384189

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, WILLIAM M  
2002 DEL PRADO BLVD.  
SUITE 105  
CAPE CORAL, FL 33990

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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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

U00000108067  
04/09/04-80040-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	JASINSKI, STANLEY
STREET ADDRESS	138 CRESCENT DRIVE
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	VS
NAME	JASINSKI, BRIAN A
STREET ADDRESS	17217 MEADOWLAKE CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stanley Jasinski STANLEY JASINSKI 4/07/04 239-433-1881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #