

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90222 005 ***150.00

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

50019996



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
JASINSKI, STANLEY
138 CRESCENT DRIVE
FT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
JASINSKI, BRIAN A
17217 MEADOWLAKE CIRCLE
FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CYNTHIA C JASINSKI
138 CRESCENT DR
FORT MYERS, FL 33919

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stanley A. Jasinski *2/23/05* *239-433-1881*