

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000068385

1. Entity Name
ANCHOR VACATION PROPERTIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 PM 2:49

Principal Place of Business
82 6TH STREET
APALACHICOLA, FL 32320 US

Mailing Address
P.O. BOX 250
APALACHICOLA, FL 32329-0250 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04112007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

58-2133385

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUCIMETIERE-MONOD, OLIVIER
82 6TH STREET
APALACHICOLA, FL 32320

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

PST
DUCIMETIERE-MONOD, OLIVIER
119 FRANKLIN BLVD
ST. GEORGE ISLAND, FL 32328

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
DUCIMETIERE-MONOD, OLIVIER
82 6TH STREET
APALACHICOLA, FL 32320

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800097954538
04/23/07--01005--030 **150.00

☐ Change ☐ Addition

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☐ Change ☐ 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

OLIVIER DUCIMETIERE-MONOD

Date

Daytime Phone #

4/16/7

850-899-7999