


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug 08, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000029455 |  |
| 1. Entity Name AUTUMN'S ANCHOR, INC. | |

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|---|---|
| Principal Place of Business AUTUMN'S ANCHOR, INC 1006 S LAKE HOWARD DR WINTER HAVEN FL 33880 US | Mailing Address AUTUMN'S ANCHOR, INC 1006 S LAKE HOWARD DR WINTER HAVEN FL 33880 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

2nd MOORE CR2E034 (5/05)

| | | |
|---|--|---|
| 4. FEI Number 59-3318392 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CHILDS, JOY L 1006 SOUTH LAKE HOWARD DRIVE WINTER HAVEN FL 33880 | | 7. Name and Address of New Registered Agent 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 Joy L. Childs Joy L. Childs 7/29/05
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent Signature Required when reinstating) Date

| | | |
|--|--|--|
| FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State | S.607.193(2)(b). F.S. allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input checked="" type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JOHNSON, LARRY O 1057 US HWY 92 W AUBURNDAL FL 33823 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 11000000375925 08/08/05-80008-008 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JOHNSON, SANDRA A 1057 US HWY 92 W AUBURNDAL FL 33823 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sandra A. Johnson Sandra A. Johnson Sec. Treas. 7/29/05 863-665-8515
Signature and typed or printed name of signing officer or director Date Daytime Phone #