

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90409 023 ***158.75

DOCUMENT # P95000067615

1. Entity Name
ANCHOR COMMERCIAL REALTY, INC.



Principal Place of Business

500 S FLORIDA AVE
STE 700
LAKELAND, FL 33801

Mailing Address

500 S FLORIDA AVE
STE 700
LAKELAND, FL 33801



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3326588

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

McFARLANE, PETER A PA
500 S FLORIDA AVE
STE 715
LAKELAND, FL 33801

**DO NOT WRITE
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 reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	TUBB, JOHN B
STREET ADDRESS	575 TIFFANY TERR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	MAXWELL, LAWRENCE W
STREET ADDRESS	500 S FLORIDA AVE STE 700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	PT
NAME	MAXWELL, LAWRENCE T
STREET ADDRESS	500 S FLORIDA AVE STE 700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	AT
NAME	KELLEY, KIM S
STREET ADDRESS	500 S FLORIDA AVE STE 700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	AS
NAME	EBDRUP, BRIDGET
STREET ADDRESS	500 S FLORIDA AVE STE 700
CITY-ST-ZIP	LAKELAND, FL 33801
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 #

Kim S. Kelley

4/29/04 863-647-1581