


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3326588	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

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

DO NOT WRITE
IN THIS SPACE

000000559616
05/17/06-80101-016 158.75

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: Kim S Kelley 5/1/06 863-647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kim S Kelley