

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083605

FILED  
Feb 25, 2005  
Secretary of State

Entity Name: ANCHOR BAY DEVELOPMENT, INC.

## Current Principal Place of Business:

11027 SO OCEAN DR  
JENSEN BEACH, FL 34957 US

## New Principal Place of Business:

## Current Mailing Address:

11027 SO OCEAN DR  
JENSEN BEACH, FL 34957 US

## New Mailing Address:

3003 S.E. ST. LUCIE BLVD  
STUART, FL 34997 US

FEI Number: 65-0732524      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRYAN, C JOSEPH  
3003 SE ST LUCIE BLVD  
STUART, FL 34997 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BRYAN, C. JOSEPH  
Address: 3003 SE ST LUCIE BLVD  
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete  
Name: BRYAN, SHARON H  
Address: 3003 SE ST LUCIE BLVD  
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete  
Name: BRYAN, JAMES C  
Address: 571 SW SQUIRE JOHNS LANE  
City-St-Zip: PALMS CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON H. BRYAN

S

02/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date