

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000012867

FILED
Feb 02, 2008
Secretary of State

Entity Name: ANCHOR FINANCIAL SERVICES, INC.

Current Principal Place of Business:

936 ALMOND TREE CIRCLE
ORLANDO, FL 32835

New Principal Place of Business:

8879 WEST COLONIAL DRIVE
114
OCOOE, FL 34761

Current Mailing Address:

936 ALMOND TREE CIRCLE
ORLANDO, FL 32835

New Mailing Address:

8879 WEST COLONIAL DRIVE
114
OCOOE, FL 34761

FEI Number: 59-3428103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECOTE, CHRISTINE
936 ALMOND TREE CIRCLE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

DECOTE, CHRISTINE
8879 WEST COLONIAL DR
114
OCOOE, FL 34761 US

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: CHRISTINE DECOTE

02/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DECOTE, CHRISTINE
Address: 936 AILMONO TREE CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: DECOTE, CHRISTINE
Address: 8879 WEST COLONIAL DRIVE #114
City-St-Zip: OCOOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTINE DECOTE

PRES

02/02/2008

Electronic Signature of Signing Officer or Director

Date