

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000031163

1. Entity Name

ANCHORS AWAY TRAVEL & TOURS, INC.



**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
10114 MILITARY TRAIL  
#117  
BOYNTON BEACH FL 33436  
US

Mailing Address  
10114 MILITARY TRAIL  
#117  
BOYNTON BEACH FL 33436  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 65-0746429

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASSMAN, SCOTT D ESQ  
909 N. DIXIE HIGHWAY  
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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  
DP  
SAZANT, LUCY  
9652 SAN VITTORE  
LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000000277206  
03/26/05-80020-003 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
SAZANT, HAROLD  
9652 SAN VITTORE  
LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:

*Harold Sazant*

HAROLD SAZANT

April 23/05

561-496-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #