2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90026 046 ***150.00

DOCUMENT # P97000031163

1. Entity Name

ANCHORS AWAY TRAVEL & TOURS, INC.

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

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10114 MILITARY TRAIL	SAME
Suite, Apt. #, etc. #117	Suite, Apt. #, etc.
City & State BOYNTON BEACH FL.	City & State
Zip 33436 Country USA	Zip Country

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 LUCY SAZANT Street Address (P.O. Box Number is Not Acceptable) 9652 SAN VITTORE City LAKE WORTH, FL Zip Code 33467

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 Lucy Sazant LUCY SAZANT Jan 24/08

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, 2008 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		☐ 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lucy Sazant LUCY SAZANT Jan 24/08 561-496-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #