

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000106983

1. Entity Name
ANCHOR STORAGE, INC.



Principal Place of Business
3106 17TH ST E
PALMETTO, FL 34221

Mailing Address
3106 17TH ST E
PALMETTO, FL 34221



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0802496

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, DICK
1341 N RYE ROAD
PARRISH, FL 34219

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00 -
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be
Added to Fees

U000000836503
03/04/08-80019-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	KNOWLES, DICK
STREET ADDRESS	1341 N RYE ROAD
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	VP
NAME	MCCANN JR, WALTER W
STREET ADDRESS	3601 17TH AVE DR W
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	SECT
NAME	MCCANN JR, WALTER W
STREET ADDRESS	3601 17TH AVE DR. W.
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08

Date

941-721-0041

Daytime Phone #