

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000060139

1. Entity Name
ANCHOR INSERTS CORPORATION



Principal Place of Business
**4820 N CHURCH AVE
TAMPA, FL 33614**

Mailing Address
**4820 N CHURCH AVE
TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE

FILED
04 OCT -5 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3597882

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLACK, JAMES
4820 N CHURCH AVE
TAMPA, FL 33614**

**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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WADE, VICTOR 4820 N CHURCH AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BUTLAND, IAN 4820 N CHURCH AVE TAMPA, FL 33614
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000041605110
10/05/04--01038--006 **550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] **I BUTLAND.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/04

Date

Daytime Phone #