

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90085 016 ***150.00

DOCUMENT # P99000083541 1. Entity Name A.N.C. PROPERTIES, INC.					
Principal Place of Business 8158 NAVARRE PARKWAY NAVARRE, FL 32566			Mailing Address 8158 NAVARRE PARKWAY NAVARRE, FL 32566		
2. Principal Place of Business - No P.O. Box # 3147 Calle de Cortez		3. Mailing Address P.O. Box 6318			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Navarre FL		City & State Navarre FL		4. FEI Number 59-3602876	
Zip 32566		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNCHARD, R. LANE 8285 NAVARRE PKWY NAVARRE, FL 32566			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SPEAR, NADJA 8158 NAVARRE PARKWAY NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robles-Spear Nadja
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPEAR, CARL 8158 NAVARRE PARKWAY NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Nadja Spear</u> NADJA SPEAR			1-19-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40003611



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3602876
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

LYNCHARD, R. LANE
8285 NAVARRE PKWY
NAVARRE, FL 32566

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

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SIGNATURE:

Nadja Spear **NADJA SPEAR**

1-19-07

Date

Daytime Phone #