# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 08, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # V29877

1. Entity Name
ANCHORSHADE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8488 LEGEND CLUB DRIVE<br>WEST PALM BEACH, FL 33412 US | 8488 LEGEND CLUB DRIVE<br>WEST PALM BEACH, FL 33412 US |

07032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
22-6629246

☐ Applied For
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

HALEY, BARRY L.
ONE E. BROWARD BLVD.
SUITE 1609
FT. LAUDERDALE, FL 33301

**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**
**Due by September 8, 2004**

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

*In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.*

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | HARRIS, NORMAN EARL |
| STREET ADDRESS | 8488 LEGEND CLUB DRIVE |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33412 |
| TITLE | VP |
| NAME | HARRIS, MARGARET ROSE |
| STREET ADDRESS | 8488 LEGEND CLUB DRIVE |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33412 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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07/08/04-80006-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Margaret R. Harris Margaret R. Harris 7/2/04 561-691-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #