

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K58487

Entity Name: ANCHOR BUILDERS OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**235 NORTH ORANGE AVENUE
SUITE 100
SARASOTA, FL 34236**Current Mailing Address:**235 NORTH ORANGE AVENUE
SUITE 100
SARASOTA, FL 34236 US**FEI Number:** 65-0096027**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLSON, PAUL E
22 S. LINKS AVE
SUITE 300
SARASOTA, FL 34236 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DPAS
Name	DUPUIS, PAUL RJR
Address	235 NORTH ORANGE AVENUE SUITE 100
City-State-Zip:	SARASOTA FL 34236

Title	AT
Name	DUPUIS, PAUL RJR
Address	235 NORTH ORANGE AVENUE SUITE 100
City-State-Zip:	SARASOTA FL 34236

Title	DVPS
Name	DUPUIS, KARLA B
Address	235 NORTH ORANGE AVENUE SUITE 100
City-State-Zip:	SARASOTA FL 34236

Title	T
Name	DUPUIS, KARLA B
Address	235 NORTH ORANGE AVENUE SUITE 100
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	SCHROEDERS, DAVID J
Address	6530 WILD ORCHID LANE
City-State-Zip:	SARASOTA FL 34241

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL ROY DUPUIS**PRESIDENT****02/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date