


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90004 003 \*\*\*150.00

**DOCUMENT # P03000103006**

1. Entity Name  
**ANCHOR IN. INC.**



Principal Place of Business      Mailing Address

**3 ADELWEISS COURT**      **3 ADELWEISS COURT**  
**SICKLERVILLE, NJ 08081 US**      **SICKLERVILLE, NJ 08081 US**

**54060898**



2. Principal Place of Business      3. Mailing Address

**3 EDELWEISS COURT**      **3 EDELWEISS COURT**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

07022004      Chg-P      CR2E034 (10/03)

City & State      City & State

**SICKLERVILLE, NJ**      **SICKLERVILLE, NJ**

Zip      Country      Zip      Country

**08081 USA**      **08081 USA**

4. FEI Number      Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

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: *Ray Hernandez, Jr.*      **RAY HERNANDEZ, JR**

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	D	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, RAY</b>	
STREET ADDRESS	<b>3 ADELWEISS COURT</b>	
CITY-ST-ZIP	<b>SICKLERVILLE, NJ 08081</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, SUSAN</b>	
STREET ADDRESS	<b>3 ADELWEISS COURT</b>	
CITY-ST-ZIP	<b>SICKLERVILLE, NJ 08081</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ray Hernandez, Jr</b>	
STREET ADDRESS	<b>3 Edelweiss Court</b>	
CITY-ST-ZIP	<b>Sicklerville, NJ 08081</b>	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Susan A. Hernandez</b>	
STREET ADDRESS	<b>3 Edelweiss Court</b>	
CITY-ST-ZIP	<b>Sicklerville, NJ 08081</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ray Hernandez, Jr.*      **RAY HERNANDEZ, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #