

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V27683

Entity Name: ZACHARY'S, INC.

FILED  
Jan 21, 2006  
Secretary of State

**Current Principal Place of Business:**

8799 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

8799 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 59-3117467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIGERAKIS, ZACHARIAS  
8799 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIGERAKIS, ZACHARIAS,  
Address: 531 SUNSET LAKES DRIVE  
City-St-Zip: MERRITT ISLAND, FL

Title: ST ( ) Delete  
Name: LIGERAKIS, ADAMANTIA  
Address: 531 SUNSET LAKES DRIVE  
City-St-Zip: MERRITT ISLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LIGERAKIS, ZACHARIAS,  
Address: 531 SUNSET LAKES DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: ST (X) Change ( ) Addition  
Name: LIGERAKIS, ADAMANTIA  
Address: 531 SUNSET LAKES DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LIGERAKIS,ZACHARIAS

PD

01/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date