

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V27683

**Entity Name:** ZACHARY'S, INC.

**Current Principal Place of Business:**

8799 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

8799 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920

**FEI Number:** 59-3117467

**Certificate of Status Desired:** No

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

LIGERAKIS, ZACHARIAS  
8799 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920 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 PD  
Name LIGERAKIS, ZACHARIAS  
Address 531 SUNSET LAKES DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

Title ST  
Name LIGERAKIS, ADAMANTIA  
Address 531 SUNSET LAKES DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

Title SECRETARY  
Name LIGERAKIS, VICTORIA  
Address 8799 ASTRONAUT BLVD  
City-State-Zip: CAPE CANAVERAL FL 32920

*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:** ZACHARIAS LIGERAKIS

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03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date