

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90134 013 ***150.00

DOCUMENT # P00000103413

1. Entity Name
ZACHARY'S CHEM DRY, INC.



Principal Place of Business
**3132 RICKY DRIVE
JACKSONVILLE, FL 32223**

Mailing Address
**3132 RICKY DRIVE
JACKSONVILLE, FL 32223**

2. Principal Place of Business
**12604 SHADY CREEK CT.
Suite, Apt. #, etc.**

3. Mailing Address
**12604 SHADY CREEK CT.
Suite, Apt. #, etc.**

City & State
**JACKSONVILLE, FL
Zip 32223**

City & State
**JACKSONVILLE, FL
Zip 32223**

04272005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3679861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAHNI, ADESH
3132 RICKY DRIVE
JACKSONVILLE, FL 32223**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**12604 SHADY CREEK CT.
City JACKSONVILLE FL Zip Code 32223**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | SAHNI, ADESH | |
| STREET ADDRESS | 3132 RICKY DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SAHNI, DENISE | |
| STREET ADDRESS | 3132 RICKY DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 12604 SHADY CREEK CT. | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 12604 SHADY CREEK CT. | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | |
| 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/05

Date

904-880-0820

Daytime Phone #