

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 05, 2008 08:00 AM
Secretary of State**

DOCUMENT # P00000103413

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



Principal Place of Business

**12604 SHADY CREEK CT
JACKSONVILLE, FL 32223**

Mailing Address

**12604 SHADY CREEK CT
JACKSONVILLE, FL 32223**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
12604 SHADY CREEK CT
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000947660
06/02/08-80024-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SAHNI, ADESH
STREET ADDRESS	12604 SHADY CREEK CT
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	SD
NAME	SAHNI, DENISE
STREET ADDRESS	12604 SHADY CREEK CT
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

04/29/08 904 333 7336