

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90014 031 ***150.00

DOCUMENT # P96000090821

1. Entity Name

NASSAU DRY CLEANING, INC.



Principal Place of Business

2156 SADLER RD
FERNANDINA BEACH FL 32034

Mailing Address

2156 SADLER RD.
FERNANDINA BEACH FL 32034

2. Principal Place of Business - No P.O. Box #

2138 Sadler Square

3. Mailing Address

2138 Sadler Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3412232

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/08)

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD.
SUITE 201
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MORRISON, HARRINGTON W
STREET ADDRESS 2730 LE SABRE PLACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE STD ☐ Delete
NAME MORRISON, CAROLINE B
STREET ADDRESS 2730 LE SABRE PLACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE AS ☐ Delete
NAME LEPRELL, SAMUEL L
STREET ADDRESS 1930 SAN MARCO BLVD., STE. 201
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE PD ☐ Delete
NAME MORRISON, HARRINGTON W PD
STREET ADDRESS 730 LE SABRE PLACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Harrington W Morrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/08 (904) 261-2077