2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# P96000090821

Entity Name: NASSAU DRY CLEANING, INC.

Current Principal Place of Business:

2138 SADLER SQUARE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

2138 SADLER SQUARE
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-3412232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORRISON, HARRINGTON W
Address: 2730 LE SABRE PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD ( ) Delete
Name: MORRISON, CAROLINE B
Address: 2730 LE SABRE PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: AS ( ) Delete
Name: LEPRELL, SAMUEL L
Address: 1930 SAN MARCO BLVD., STE. 201
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD ( ) Delete
Name: MORRISON, HARRINGTON W PD
Address: 730 LE SABRE PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD ( ) Change (X) Addition
Name: MORRISON, HARRINGTON W
Address: 2730 LESABRE PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034 NA

I hereby certify that the information supplied with this filing does not qualify 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: H. W. MORRISON PD 06/17/2009
Electronic Signature of Signing Officer or Director Date