


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90102 047 ***558.75

DOCUMENT # P98000047969 1. Entity Name ZACHARY, INC.					
Principal Place of Business P.O. BOX 786 OKEECHOBEE, FL 34973			Mailing Address P.O. BOX 786 OKEECHOBEE, FL 34973		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 786 Suite, Apt. #, etc.			
City & State		City & State Okeechobee, FL 34973			
Zip 34973	Country	Country Okeechobee, FL			
6. Name and Address of Current Registered Agent WHITE, ZACHARY 2510 S.W 10 TH AVE OKEECHOBEE, FL 34974				7. Name and Address of New Registered Agent Name Zachary White Street Address (P.O. Box Number is Not Acceptable) 4510 SE 138TH STREET City Okeechobee FL Zip Code 3497	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITE, ZACHARY P.O. BOX 786 OKEECHOBEE, FL 34973		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Zachary White <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			July 22, 2005 863-467-4652 <small>Date Daytime Phone #</small>		

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07182005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0840708
Applied For
Not Applicable

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