


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P20829**

1. Entity Name  
 THE LEIDER HORTICULTURAL COMPANIES, INC.



Principal Place of Business  
 4501 TAMiami TRAIL NORTH  
 SUITE 300  
 NAPLES, FL 34103 US

Mailing Address  
 855 E APTAKISIC RD  
 BUFFALO GROVE, IL 60089-6678 US

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 36-2771753

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
 1395 PANTHER LANE  
 SUITE 300  
 NAPLES, FL 34109

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PMD
NAME	LEIDER, JAMES M.
STREET ADDRESS	855 E. APTAKISIC
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	VPD
NAME	LEIDER, GERARD F.
STREET ADDRESS	855 E. APTAKISIC
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	T
NAME	LEIDER, FRANCIS M
STREET ADDRESS	855 E APTAKISIC ROAD
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	VPD
NAME	BARSS, MARY L
STREET ADDRESS	855 E APTAKISIC ROAD
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	VPD
NAME	LEIDER, MARK
STREET ADDRESS	855 E APTAKISIC
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	SD
NAME	KREUTER, MARGARET L
STREET ADDRESS	855 E APTAKISIC
CITY-ST-ZIP	BUFFALO GROVE, IL 60089

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 02/22/06-80029-024 150.00

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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: Francis M. Leiden Treas. 2/07/06 847-634-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #