


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 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



01082007 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1,19, 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:  **2-13-07** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Francis M. Leider

847-634-4060