


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000075580
 1. Entity Name
 LEO JR. LAWN AND IRRIGATION SERVICES, INC.



Principal Place of Business / Mailing Address
 183 PRICE STREET / 183 PRICE ST
 NAPLES, FL 34113 / NAPLES, FL 34113

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3397513 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HERRERA, JESUS H
 4730 15TH AVE SW
 NAPLES, FL 34116

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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


U00000636564
 02/26/07-80025-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERRERA, JESUS H
STREET ADDRESS	4730 15TH AVE SW
CITY - ST - ZIP	NAPLES, FL 34116
TITLE	SD
NAME	HERRERA, MICHELLE R
STREET ADDRESS	4730 15TH AVE SW
CITY - ST - ZIP	NAPLES, FL 34116
TITLE	VP
NAME	GARCIA, JULIO C
STREET ADDRESS	183 PRICE STREET
CITY - ST - ZIP	NAPLES, FL 34113
TITLE	T
NAME	GARCIA, ANA D
STREET ADDRESS	183 PRICE STREET
CITY - ST - ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07 239-455-6904
Date Daytime Phone #