


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 183 PRICE STREET NAPLES FL 34113	Mailing Address 183 PRICE ST NAPLES FL 34113
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-3397513	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERRERA, JESUS H 4730 15TH AVE SW NAPLES FL 34116	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when rechartering)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, JESUS H 4730 15TH AVE SW NAPLES FL 34116	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRERA, MICHELLE R 4730 15TH AVE SW NAPLES FL 34116	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, JULIO C 183 PRICE STREET NAPLES FL 34113	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, ANA D 183 PRICE STREET NAPLES FL 34113	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 03/26/08-80064-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerers.

SIGNATURE:  **2/19/08** ⁽²³⁹⁾ **455-6904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year #