2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075580

GARCIA, ANÀ D

183 PRICE STREET

NAPLES, FL 34113

Name:

Address:

City-St-Zip:

Entity Name: LEO JR. LAWN AND IRRIGATION SERVICES, INC.

FILED Jan 19, 2009 Secretary of State

Current Prin	of Business	New Prince	New Principal Place of Business:			
Current Principal Place of Business:				•		
183 PRICE STREET NAPLES, FL 34113				3553 PLOVER AVENUE NAPLES, FL 34117		
Current Mai	ss:	New Maili	New Mailing Address:			
183 PRICE ST NAPLES, FL 34113				3553 PLOVER AVENUE NAPLES, FL 34117		
FEI Number: 59	9-3397513	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and A	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
HERRERA, 4730 15TH A NAPLES, FL	VE SW 34116 U	JS				
The above no in the State o		submits this statement for the	purpose of changing	its register	ed office or registered agent, or both,	
SIGNATURE	<u>:</u>					
	Electro	nic Signature of Registered A	gent	Date		
Election Camp	aign Financin	g Trust Fund Contribution ().				
OFFICERS A	AND DIREC	TORS:	ADDITION	IS/CHANG	SES TO OFFICERS AND DIRECTO	
Name: H Address: 4	PD (HERRERA, JE: 4730 15TH AVI NAPLES, FL 3	E SW	Title: Name: Address: City-St-Zip:	PD HERRERA 4730 15TH NAPLES, I	AVE SW	
Name: H Address: 4	SD (HERRERA, MIO 4730 15TH AVI NAPLES, FL 3	E SW	Title: Name: Address: City-St-Zip:		() Change () Addition	
Name: 0 Address: 0	VP (GARCIA, JULIO 183 PRICE ST NAPLES, FL 3	REET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	г (\ Doloto	Title		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHELLE HERRERA SD 01/19/2009