


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 685155 1. Entity Name LESERRA NURSERIES, INC.					
Principal Place of Business C/O JOSEPH A. LESSERRA 5330 W. HILLSBORO BLVD. COCONUT CREEK FL 33073			Mailing Address C/O JOSEPH A. LESSERRA 5330 W. HILLSBORO BLVD. COCONUT CREEK FL 33073		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2020568	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LESERRA, JOSEPH J. 5330 W. HILLSBORO BLVD. COCONUT CREEK FL 33073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESERRA, JOYCE M. 5330 HILLSBORO BCH BLVD COCONUT CREEK FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESERRA, JOSEPH A. 5330 HILLSBORO BCH BLVD COCONUT CREEK FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LESERRA, JOHN G 5709 NW 24TH ST. MARGATE FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, PATRICIA 355 QUAIL DR. SALSBURY NC 28147			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Joseph A. Lesserra **JOSEPH A. LESSERRA PRES** 3/30/05 954-456-8061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #