

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 27, 2008 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-2020568**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESERRA, JOSEPH J.  
5330 W. HILLSBORO BLVD.  
COCONUT CREEK FL 33073

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when constituting)

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 **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LESERRA, JOYCE M.	
STREET ADDRESS	5330 HILLSBORO BCH BLVD	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LESERRA, JOSEPH A.	
STREET ADDRESS	5330 HILLSBORO BCH BLVD	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LESERRA, JOHN G	
STREET ADDRESS	5709 NW 24TH ST.	
CITY-STATE-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLISON, PATRICIA	
STREET ADDRESS	355 QUAIL DR.	
CITY-STATE-ZIP	SALSBURY NC 28147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000871833	
CITY-STATE-ZIP	04/10/08-80013-016 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 empowered.

**SIGNATURE:** *Joseph A. Lesserra* **JOSEPH A. LESSERRA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

954-426-8021

Date

Daytime Phone