

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685155

Entity Name: LESERRA NURSERIES, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

C/O JOSEPH A. LESSERRA
5330 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073

Current Mailing Address:

C/O JOSEPH A. LESSERRA
5330 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073

New Principal Place of Business:

C/O JOSEPH A. LESERRA
5330 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073

New Mailing Address:

C/O JOSEPH A. LESERRA
5330 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073

FEI Number: 59-2020568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LESERRA, JOYCE M.
Address: 5330 HILLSBORO BCH BLVD
City-St-Zip: COCONUT CREEK, FL

Title: P () Delete
Name: LESERRA, JOSEPH A.
Address: 5330 HILLSBORO BCH BLVD
City-St-Zip: COCONUT CREEK, FL

Title: V () Delete
Name: LESERRA, JOHN G
Address: 5709 NW 24TH ST.
City-St-Zip: MARGATE, FL

Title: D () Delete
Name: ALLISON, PATRICIA
Address: 355 QUIAL DR.
City-St-Zip: SALSBURY, NC 28147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOSEPH A. LESERRA

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date