

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90002 027 ***150.00

DOCUMENT # P01000051308

1. Entity Name

RICARDO LEON MAINTENANCE SERVICES, INC.



Principal Place of Business

28150 PINE HAVEN WAY, UNIT #32
BONITA SPRINGS FL 34135

Mailing Address

P O BOX 367804
BONITA SPRINGS FL 34136

44012420



MOORE

CR2E034 (11/03)

2. Principal Place of Business

28231 Pine Haven Way #168

Suite, Apt. #, etc.

Bonita Springs,

City & State

Florida

Zip
34135

Country

U.S.

3. Mailing Address

P.O. Box 367804

Suite, Apt. #, etc.

Bonita Springs,

City & State

Florida

Zip
34136

Country

U.S.

4. FEI Number

59-3721722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

RICARDO LEON

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

(NOTE: Registered Agent signature required when reinstating)

02-17-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE PD ☐ Delete

NAME LEON, RICARDO

STREET ADDRESS 28150 PINE HAVEN WAY, UNIT #32

CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE VSD ☐ Delete

NAME LEON, DONTINA A

STREET ADDRESS 28150 PINE HAVEN WAY, UNIT #32

CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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TITLE ☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *RICARDO LEON* *RICARDO LEON* 02-11-04 0218-4128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

** Please note:
change of
address for place of
business. Thank you,
Lina Leon*