

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000104699

Entity Name: JUAREZ LAWN CARE, INC.

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3572 PLOVER AVE.  
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

3572 PLOVER AVE.  
NAPLES, FL 34117

**New Mailing Address:**

FEI Number: 65-1155194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JUAREZ, AARON  
3572 PLOVER AVE  
NAPLES, FL 34117 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: AARON JUAREZ A/K/A/ AARON J MIGUEL  
Address: PO BOX 8755  
City-St-Zip: NAPLES, FL 34101

Title: D  
Name: JUAREZ, RAYNOLDO  
Address: PO BOX 8755  
City-St-Zip: NAPLES, FL 34101

I hereby 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 all other like empowered.

SIGNATURE: AARON JUAREZ

D

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date