## **2006 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Jan 09, 2006 08:00 AN DOCUMENT # P03000041301 **Secretary of State** 1. Entity Name LEONEL JAIMES LANDSCAPING, INC. Principal Place of Business Mailing Address 1805 LEED AVENUE 1805 LEED AVENUE IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 CR2E034 (11/05) 01062006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4246108 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAIMES, LEONEL DO NOT WRITE 1805 LEED AVENUE IMMOKALEE, FL 34142 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required whon reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME JAIMES, LEONEL STREET ADDRESS 1805 LEED AVENUE IMMOKALEE, FL 34142 CITY-ST-ZIP TITI F NAME JJJUJUJJ379606 STREET ADDRESS U1/10/06-80027-021 ISU.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received 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: 2

STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR