

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000017784

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** JUAN RAMIREZ LAWN & LANDSCAPE SERVICES, INC.

**Current Principal Place of Business:**

22050 SHALLOWATER LANE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

22050 SHALLOWATER LANE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 20-2221136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOSTELC, RAYMOND J CFO  
22050 SHALLOWATER LANE  
BONITA SPRINGS, FL 34135 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: PRES  
Name: RAMIREZ, JUAN  
Address: P.O. BOX 733  
City-St-Zip: IMMOKALEE, FL 341430733

Title: CFO  
Name: KOSTELC, RAYMOND J  
Address: 22050 SHALLOWATER LANE  
City-St-Zip: BONITA SPRINGS, FL 341358149

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: RAYMOND J KOSTELC

CFO

03/29/2012

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

\_\_\_\_\_  
Date