2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# P06000131877

Entity Name: VALENCIA LAWN, NURSERY AND HANDYMAN SERVICES, INC.

Current Principal Place of Business:

3965 RANDELL BLVD
NAPLES, FL 34120

New Principal Place of Business:

3965 RANDALL BLVD
NAPLES, FL 34120

Current Mailing Address:

3965 RANDELL BLVD
NAPLES, FL 34120

New Mailing Address:

3965 RANDALL BLVD
NAPLES, FL 34120

FEI Number: 20-5887618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUGGER, JOHN N
600 FIFTH AVE S STE 207
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

GARCIA, JOEL
3965 RANDALL BLVD
NAPLES, FL 34120 US

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: JOEL GARCIA 03/06/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: GARCIA, JOEL
Address: 3965 RANDALL BLVD
City-St-Zip: NAPLES, FL 34120

Title: DVS ( ) Delete
Name: GARCIA, JUSTO N
Address: 3965 RANDALL BLVD
City-St-Zip: NAPLES, FL 34120

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S ( ) Change (X) Addition
Name: CARRASCO, OSMAN G
Address: 5583 JONQUIL CIRCLE APT 302
City-St-Zip: NAPLES, FL 34109 US

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: JOEL GARCIA DPT 03/06/2008
Electronic Signature of Signing Officer or Director Date