

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000071650

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** AMIGOS LAWN CARE OF NAPLES, INC.

**Current Principal Place of Business:**

410 EISENHOWER BLVD  
LEHIGH ACRES, FL 33974 US

**New Principal Place of Business:**

705 11TH STREET SW  
NAPLES, FL 34117 US

**Current Mailing Address:**

410 EISENHOWER BLVD  
LEHIGH ACRES, FL 33974 US

**New Mailing Address:**

P O BOX 9356  
NAPLES, FL 34101 US

**FEI Number:** 27-0825996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUTISTA CRUZ, FELIPE  
410 EISENHOWER BLVD  
LEHIGH ACRES, FL 33974 US

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

BAUTISTA HERNANDEZ, ZENaida  
705 11TH STREET SW  
NAPLES, FL 34117 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:** ZENaida BAUTISTA HERNANDEZ

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BAUTISTA CRUZ, FELIPE  
**Address:** 705 11TH STREET SW  
**City-St-Zip:** NAPLES, FL 34117 US

**Title:** VP  
**Name:** BAUTISTA HERNANDEZ, ZENaida  
**Address:** 705 11TH STREET SW  
**City-St-Zip:** NAPLES, FL 34117

**Title:** S  
**Name:** BAUTISTA CRUZ, FELIPE  
**Address:** 705 11TH STREET SW  
**City-St-Zip:** NAPLES, FL 34117

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:** ZENaida BAUTISTA HERNANDEZ

VP

03/10/2011

Electronic Signature of Signing Officer or Director

Date