

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P20829 1. Entity Name THE LEIDER HORTICULTURAL COMPANIES, INC.	
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Principal Place of Business 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103 US	Mailing Address 855 E APTAKISIC RD BUFFALO GROVE, IL 60089-6678 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2771753	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103**

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8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD LEIDER, JAMES M. 855 E. APTAKISIC BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEIDER, GERARD F. 855 E. APTAKISIC BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEIDER, FRANCIS M 855 E APTAKISIC ROAD BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARSS, MARY L 855 E APTAKISIC ROAD BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEIDER, MARK 855 E APTAKISIC BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KREUTER, MARGARET L 855 E APTAKISIC BUFFALO GROVE, IL 60089

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02/03/04-80010-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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: *Mr. James Leider* **Mr. James LEIDER** *1/24/04* **847-634-4060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #