

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P20829

1. Entity Name
THE LEIDER HORTICULTURAL COMPANIES, INC.



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**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2771753

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

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: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PMD
NAME	LEIDER, JAMES M.
STREET ADDRESS	855 E. APTAKISIC
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	VPD
NAME	LEIDER, GERARD F.
STREET ADDRESS	855 E. APTAKISIC
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	T
NAME	LEIDER, FRANCIS M
STREET ADDRESS	855 E APTAKISIC ROAD
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	VPD
NAME	BARSS, MARY L
STREET ADDRESS	855 E APTAKISIC ROAD
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	VPD
NAME	LEIDER, MARK
STREET ADDRESS	855 E APTAKISIC
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	SD
NAME	KREUTER, MARGARET L
STREET ADDRESS	855 E APTAKISIC
CITY-ST-ZIP	BUFFALO GROVE, IL 60089

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02/27/07-80036-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1,19, 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 recorder 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francis M. Leider

2-13-07

847-634-4060

847-634-4060