


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000105044</b> 1. Entity Name NLJ CITRUS MAINTENANCE SERVICES, INC.	
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Principal Place of Business 5210 LAKE LANE IMMOKALEE, FL 34142	Mailing Address 5210 LAKE LANE IMMOKALEE, FL 34142
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**DO NOT WRITE IN THIS SPACE**

02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0967890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAL, NOE JR  
5210 LAKE LANE  
IMMOKALEE, FL 34142

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

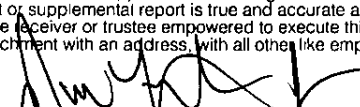
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000834818 04/24/08-80044-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEAL, NOE JR 5210 LAKE LANE IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEAL, NOE SR 5210 LAKE LANE IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEAL, MARIA O 5210 LAKE LANE IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 119, 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:**  **4/10/08** **234-250-5547**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #