

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28522

FILED
Mar 24, 2009
Secretary of State

Entity Name: CRUZ'S LAWN MAINTENANCE, INC.

Current Principal Place of Business:

5218 COLLINS ST.
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7984
NAPLES, FL 341017984 US

New Mailing Address:

FEI Number: 65-0333880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, J. BLAN
1570 SHADOWLAWN DRIVE
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUZ, REGINO,
Address: 5218 COLLINS STREET
City-St-Zip: NAPLES, FL 34113

Title: VP () Delete
Name: CRUZ, PATRICIA ANN,
Address: 5218 COLLINS STREET
City-St-Zip: NAPLES, FL 34113

Title: VST () Delete
Name: DERBY, MARGARET L.,
Address: G-168, BENJAMIN COURT
City-St-Zip: PHILADELPHIA, PA 19114

Title: VS () Delete
Name: CRUZ, TIANA E.,
Address: 5218 COLLINS STREET
City-St-Zip: NAPLES, FL 34113

Title: VS () Delete
Name: CRUZ, ANGEL L.,
Address: 5218 COLLINS STREET
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: DERBY, MARGARET L.,
Address: G-168, BENJAMIN COURT
City-St-Zip: PHILADELPHIA, PA 19114

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

Title: VT (X) Change () Addition
Name: CRUZ, ANGEL L.,
Address: 5218 COLLINS STREET
City-St-Zip: NAPLES, FL 34113

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: PATRICIA CRUZ

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date