



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H48936</b> 1. Entity Name <b>BLACK GOLD COMPOST COMPANY</b>	
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Principal Place of Business 11424 CR 237 OXFORD, FL 34484	Mailing Address PO BOX 190 OXFORD, FL 34484
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DO NOT WRITE IN THIS SPACE



01112008	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2505026	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LANGE, ROBERT M MR 1750 BUENA VISTA DR EUSTIS, FL 32726
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME	VPD LANGE, ROBERT V MR
STREET ADDRESS CITY-ST-ZIP	9115 N. SILVER LAKE DR. LEESBURG, FL 34788
TITLE NAME	PSTD LANGE, ROBERT M MR
STREET ADDRESS CITY-ST-ZIP	1750 BUENA VISTA DR. EUSTIS, FL 32726
TITLE NAME	D MIZELL, WALKER D MR
STREET ADDRESS CITY-ST-ZIP	45120 DORMAN PLACE CALLAHAN, FL 32011
TITLE NAME	D STAKE, LOREN MR
STREET ADDRESS CITY-ST-ZIP	4474 TWINVIEW LANE ORLANDO, FL 32814
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000798544  
 01/30/08-80032-013 150.00

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 another like empowered.

SIGNATURE: 	MICHAEL LANGE ✓ 1-18-08	✓ 352 733-8499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #