

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48936

FILED
Feb 27, 2009
Secretary of State

Entity Name: BLACK GOLD COMPOST COMPANY

Current Principal Place of Business:

11424 CR 237
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

PO BOX 190
OXFORD, FL 34484

New Mailing Address:

FEI Number: 59-2505026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGE, ROBERT M MR
1750 BUENA VISTA DR
EUSTIS, FL 32726 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: VPD () Delete
Name: LANGE, ROBERT V MR
Address: 9115 N. SILVER LAKE DR.
City-St-Zip: LEESBURG, FL 34788

Title: PSTD () Delete
Name: LANGE, ROBERT M MR
Address: 1750 BUENA VISTA DR.
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: MIZELL, WALKER D MR
Address: 45120 DORMAN PLACE
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: STAKE, LOREN MR
Address: 4474 TWINVIEW LANE
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: LANGE, ROBERT V MR
Address: 1973 APPALACHEE CIRCLE
City-St-Zip: TAVARES, FL 32788

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

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

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

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: ROBERT MICHAEL LANGE

P

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date