2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018266

City-St-Zip:

LONGWOOD, FL 32779

Entity Name: BLACK BEAR NURSERIES, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
	LEY DRIVE OD, FL 32779)			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	LEY DRIVE OD, FL 32779)			
FEI Number:	: 20-0631912	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	DEBBIE LEY DRIVE OD, FL 32779) US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP (FRICKE, FREI 291 BENTLEY LONGWOOD,	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (HENDRICKS, I 5150 MT. PLYI APOPKA, FL 3	MOUTH ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (FRICKE, DEBE 291 BENTLEY		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DEBBIE FRICKE S 01/15/2009