


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S16481</b> 1. Entity Name <b>BLACK OLIVE EAST NURSERY &amp; LANDSCAPE, INC.</b>	
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Principal Place of Business <b>3539 GRIFFIN RD HOLLYWOOD, FL 33312</b>	Mailing Address <b>3539 GRIFFIN RD HOLLYWOOD, FL 33312</b>
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**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0238199</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HERNDON, MARK B 3691 GRIFFIN RD FORT LAUDERDALE, FL 33312</b>
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000129353  
04/26/04-80075-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNDON, MARK B. 3691 GRIFFIN ROAD FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HERNDON, PHYLLIS 4903 S. W. 51ST ST DAVIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERNDON, MARIA 4907 SW 51ST STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAMILTON, STEPHANIE 6010 SW 58TH CT FORT LAUDERDALE, FL 33314
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 exemption stated in Section 119.07(3)(i), 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:** Stephanie Hamilton **STEPHANIE HAMILTON** 4/21/04 954-985-8787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #