

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16481

FILED
Apr 17, 2006
Secretary of State

Entity Name: BLACK OLIVE EAST NURSERY & LANDSCAPE, INC.

Current Principal Place of Business:

3539 GRIFFIN RD
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3539 GRIFFIN RD
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0238199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNDON, MARK B
3691 GRIFFIN RD
DANIA BEACH, FL 33312 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: HERNDON, MARK B
Address: 3691 GRIFFIN ROAD
City-St-Zip: FT LAUDERDALE, FL 33312

Title: ST () Delete
Name: HERNDON, PHYLLIS
Address: 4903 S. W. 51ST ST
City-St-Zip: DAVIE, FL 33314

Title: V () Delete
Name: HERNDON, MARIA
Address: 4907 SW 51ST STREET
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Delete
Name: HAMILTON, STEPHANIE
Address: 6010 SW 58TH CT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MARIA HERNDON

V

04/17/2006

Electronic Signature of Signing Officer or Director

Date