

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16481

FILED  
Mar 26, 2009  
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:**

3691 GRIFFIN ROAD  
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  
FORT LAUDERDALE, 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

**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:

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: MARIA HERNDON

V

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date