


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 320371
 1. Entity Name
VO-LASALLE FARMS INCORPORATED



Principal Place of Business Mailing Address
601 JOHNSON LK RD **601 JOHNSON LK RD**
DELEON SPRGS, FL 32130 **DELEON SPRGS, FL 32130**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1214274 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CRUMP, SYLVIA S
601 JOHNSON LK RD
DELEON SPRGS, FL 32130

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CRUMP, STEVE S.
STREET ADDRESS	601 JOHNSON LK.RD.
CITY-ST-ZIP	DELEON SPGS., FL
TITLE	TD
NAME	CRUMP, SYLVIA S
STREET ADDRESS	601 JOHNSON LK RD
CITY-ST-ZIP	DELEON SPRGS, FL 00000,
TITLE	S
NAME	CRUMP, ROGER M.
STREET ADDRESS	601 JOHNSON LK.RD.
CITY-ST-ZIP	DELEON SPGS., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UN0000341548
 04/29/05-80020-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sylvia S Crump Date: April 27, 2005 Daytime Phone #: 386-985-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR