


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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



Principal Place of Business
**601 JOHNSON LAKE RD
DELEON SPRINGS, FL 32130**

Mailing Address
**601 JOHNSON LK RD
DELEON SPRINGS, FL 32130**



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1214274

Applied For
 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRUMP, STEVEN S
STREET ADDRESS	701 JOHNSON LK.RD.
CITY- ST- ZIP	DELEON SPRINGS, FL 32130
TITLE	TR/S
NAME	CRUMP, SYLVIA S
STREET ADDRESS	601 JOHNSON LK RD
CITY- ST- ZIP	DELEON SPRINGS, FL 32130
TITLE	VP
NAME	CRUMP, ROGER M
STREET ADDRESS	5415 HARBOR RD
CITY- ST- ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UDD0000615331
02/06/07-80067-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Steven S. Crump **STEVEN S. CRUMP** / 1/29/2007 / 386-985-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAID