2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# 215285

Entity Name: LA BELLE FUR CO., INC.

Current Principal Place of Business:

ARTHUR LABELLMAN
351 N ORANGE AVE
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

ARTHUR LABELLMAN
351 N ORANGE AVE
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-0854840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABELLMAN, ARTHUR
7678 MARKAM BEND PLACE
SANFORD, FL 32771 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:	PDT	( ) Delete
Name:	LABELLMAN, ARTHUR	
Address:	7678 MARKAM BEND PLACE	
City-St-Zip:	SANFORD, FL 32771	
Title:	SD	( ) Delete
Name:	LABELLMAN, ARLINE	
Address:	1726 GLENRIDGE WAY	
City-St-Zip:	WINTER PARK, FL	
Title:	D	( ) Delete
Name:	LABELLMAN, ALEX	
Address:	7678 MARKAM BEND PLACE	
City-St-Zip:	SANFORD, FL 32771	
Title:	VP	( ) Delete
Name:	LABELLMAN, CONNIE	
Address:	7678 MARKHAM BEND PLACE	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	LABELLMAN, TODD	
Address:	839 N. FERNCREEK AVE.	
City-St-Zip:	ORLANDO, FL 32803	

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:	
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: TODD LABELLMAN D 04/18/2008
Electronic Signature of Signing Officer or Director Date