

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 292015

1. Entity Name
THE LABEUNA FARMS, INC.



Principal Place of Business
**115 SOUTH FIFTH STREET
MACCLENNY, FL 32063**

Mailing Address
**115 SOUTH FIFTH STREET
MACCLENNY, FL 32063**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1091874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KNABBS, JR., JAMES W
115 S 5TH ST
MACCLENNY, FL 32063**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE _____

**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

U00000614555
02/05/07-80036-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KNABB, JR., JAMES W
STREET ADDRESS 115 SOUTH 5TH ST.
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE VPD
NAME KNABB, WILLIAM W
STREET ADDRESS 115 S 5TH ST
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE S
NAME HARRIS, DARLENE
STREET ADDRESS 115 S. 5TH ST.
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE TD
NAME MCCULLOUGH, CAROLYN
STREET ADDRESS 115 S 5TH ST
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE D
NAME YARBOROUGH, MICHAEL
STREET ADDRESS 115 S 5TH ST
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE D
NAME THORNTON, JOE ALLEN
STREET ADDRESS 115 S 5TH ST
CITY-ST-ZIP MACCLENNY, FL 32063

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07
Date

904 259 3201
Daytime Phone #