


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90108 028 ***150.00

DOCUMENT # 292015					
1. Entity Name THE LABEUNA FARMS, INC.					
Principal Place of Business 115 SOUTH FIFTH STREET MACLENNY, FL 32063		Mailing Address 115 SOUTH FIFTH STREET MACLENNY, FL 32063			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1091874	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
KNABBS, JR., JAMES W 115 S 5TH ST MACLENNY, FL 32063				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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: <i>[Signature]</i> JAMES W. KNABBS JR				DATE: 1/6/08	
* 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNABBS, JR., JAMES W		NAME		
STREET ADDRESS	115 SOUTH 5TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MACLENNY, FL 32063		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNABBS, WILLIAM W		NAME		
STREET ADDRESS	115 S 5TH ST		STREET ADDRESS		
CITY-ST-ZIP	MACLENNY, FL 32063		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, DARLENE		NAME		
STREET ADDRESS	115 S. 5TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MACLENNY, FL 32063		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCULLOUGH, CAROLYN		NAME		
STREET ADDRESS	115 S 5TH ST		STREET ADDRESS		
CITY-ST-ZIP	MACLENNY, FL 32063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YARBOROUGH, MICHAEL		NAME		
STREET ADDRESS	115 S 5TH ST		STREET ADDRESS		
CITY-ST-ZIP	MACLENNY, FL 32063		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THORNTON, JOE ALLEN		NAME	<i>Eric Womble</i>	
STREET ADDRESS	115 S 5TH ST		STREET ADDRESS	<i>115 S 5TH ST</i>	
CITY-ST-ZIP	MACLENNY, FL 32063		CITY-ST-ZIP	<i>Macclenny, FL 32063</i>	
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: <i>[Signature]</i> JAMES W. KNABBS JR		DATE: 1/6/08		DAYTIME PHONE #: 904 259 3201	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	

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