

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 750416 1. Entity Name LABELLE SWAMP CABBAGE FESTIVAL, INC.					
Principal Place of Business 125 HICKPOOCHEE AVENUE LABELLE, FL 33935 US			Mailing Address P.O. BOX 2081 LABELLE, FL 33975		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0150456	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PICKLES, KENNETH J 400 LIVE OAK LANE LABELLE, FL 33935			Name Strickland, Lucretia A. Street Address (P.O. Box Number is Not Acceptable) 1450 Murray Rd. LaBelle City FL Zip Code 33935		
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>Lucretia A. Strickland</i> DATE: 8/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKLES, KENNETH J		NAME	Lucretia A. Strickland	
STREET ADDRESS	400 LIVE OAK LANE		STREET ADDRESS	1450 Murray Rd.	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, LUCRETIA		NAME	Paul Puletti	
STREET ADDRESS	1450 MURRAY		STREET ADDRESS	110 Hardee St.	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHRIES, MARTHA		NAME	Sharon Miller	
STREET ADDRESS	450 NORTH MAIN STREET		STREET ADDRESS	120 Belmont St.	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	D	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, W.T.		NAME		
STREET ADDRESS	203 NORTH RIVERVIEW STREET		STREET ADDRESS		
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKENDEN, BRENDA		NAME		
STREET ADDRESS	107 HOWE STREET		STREET ADDRESS		
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BANNON, BARBARA		NAME		
STREET ADDRESS	3050 FT. DENAUD		STREET ADDRESS		
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 the empowered.					
SIGNATURE: <i>Lucretia A. Strickland</i> Date: Daytime Phone #					