


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90018 003 \*\*\*150.00

<b>DOCUMENT # L76014</b> 1. Entity Name <b>LABONTE TRANSPORTATION SERVICES, INC.</b>																																			
Principal Place of Business <b>187 DAN'S TERRACE</b> <b>LAKE WALES, FL 33859 US</b>		Mailing Address <b>187 DAN'S TERRACE</b> <b>LAKE WALES, FL 33859 US</b>																																	
2. Principal Place of Business - No P.O. Box # <b>5397 PARNEZZ RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>5397 PARNEZZ RD</b> Suite, Apt. #, etc.																																	
City & State <b>ZOLFO SPRINGS FL</b> Zip <b>33890</b> Country		City & State <b>ZOLFO SPRINGS FL</b> Zip <b>33890</b> Country																																	
4. FEI Number <b>65-0204342</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>LABONTE, MARK A.</b> <b>187 DAN'S CIRCLE</b> <b>LAKE WALES, FL 33859</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5397 PARNEZZ RD</b> City <b>ZOLFO SPRINGS FL</b> Zip Code <b>33890</b>																																	
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 <u><i>Mark A. Labonte</i></u> DATE <u>3-27-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>DP</b>  <b>LABONTE, MARK A.</b>  <b>187 DAN'S TERRACE</b>  <b>LAKE WALES, FL 33859</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LABONTE, MARK A.</b> <b>187 DAN'S TERRACE</b> <b>LAKE WALES, FL 33859</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>5397 PARNEZZ RD</b>  <b>ZOLFO SPRINGS FL 33890</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5397 PARNEZZ RD</b> <b>ZOLFO SPRINGS FL 33890</b>														
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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: <u><i>Mark A. Labonte</i></u> <b>3-27-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			