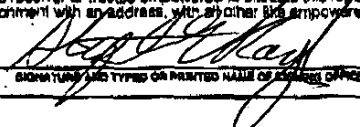


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90330 008 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000064189					
1. Entity Name LABELL INC.					
Principal Place of Business PMB 352 244 SHOPPING AVE SARASOTA, FL 34237			Mailing Address PMB 352 244 SHOPPING AVE SARASOTA, FL 34237		
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 04-3676744					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RAYBURN, STEPHEN E 3539 BEE RIDGE RD APT 35 SARASOTA, FL 34239			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquished)					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD	RAYBURN, STEPHEN E	3700 SO. BENEVA RD APT. 603	SARASOTA, FL 34232	Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another firm empowered.					
SIGNATURE 		Date 4/27/04 Daytime Phone #			