

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015869

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: LABELLE FARM, INC.

## Current Principal Place of Business:

2954 AIRGLADES BLVD  
CLEWISTON, FL 33440

## New Principal Place of Business:

26600 CR 835  
CLEWISTON, FL 33440

## Current Mailing Address:

2954 AIRGLADES BLVD  
CLEWISTON, FL 33440

## New Mailing Address:

26600 CR 835  
CLEWISTON, FL 33440

FEI Number: 06-1714858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAX CO.  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: BOND, PETER D DIR.  
Address: 2954 AIRGLADES BLVD.  
City-St-Zip: CLEWISTON, FL 33440 US

Title: PRES ( ) Delete  
Name: BOND, PETER D  
Address: 2954 AIRGLADES BLVD.  
City-St-Zip: CLEWISTON, FL 33440 US

Title: TRES ( ) Delete  
Name: BOND, PETER D  
Address: 2954 AIRGLADES BLVD.  
City-St-Zip: CLEWISTON, FL 33440 US

Title: SEC (X) Delete  
Name: BOND, PETER D  
Address: 2954 AIRGLADES BLVD.  
City-St-Zip: CLEWISTON, FL 33440 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: WARNER, DAVID M CHM,DIR  
Address: 26600 CR 835  
City-St-Zip: CLEWISTON, FL 33440 US

Title: PRES (X) Change ( ) Addition  
Name: BOND, PETER D  
Address: 26600 CR 835  
City-St-Zip: CLEWISTON, FL 33440 US

Title: TRES (X) Change ( ) Addition  
Name: WARNER, DAVID M SEC  
Address: 26600 CR 835  
City-St-Zip: CLEWISTON, FL 33440 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER D. BOND

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date