

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015869

Entity Name: LABELLE FARM, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

26600 CR 835
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

26600 CR 835
CLEWISTON, FL 33440

New Mailing Address:

PO BOX 1329
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: WARNER, DAVID M CHM,DIR
Address: 26600 CR 835
City-St-Zip: CLEWISTON, FL 33440 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAVID M. WARNER

CEO

03/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date