

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015869

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** LABELLE FARM, INC.

**Current Principal Place of Business:**

26600 CR 835  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1329  
CLEWISTON, FL 33440

**New Mailing Address:**

340 PINE LANE  
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  
Name: WARNER, DAVID M CHM,DIR  
Address: 26600 CR 835  
City-St-Zip: CLEWISTON, FL 33440 US

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID M. WARNER

CEO

01/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date