

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111862

Entity Name: LABELLE RANCH, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1710 B ROAD
LABELLE, FL 33975 US

New Principal Place of Business:

Current Mailing Address:

C/O R. SANTERRE
500 5TH AVE. SOUTH #522
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3621922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, DONALD F
100 2ND AVE. SOUTH #200-S
ST. PETERSBURG, FL 33701 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: PT () Delete
Name: SANTERRE, L JAMES
Address: 1120 B ROAD
City-St-Zip: LABELLE, FL 33975

Title: VS () Delete
Name: SANTERRE, RICHARD J P.T.
Address: 500 - FIFTH AVE S., STE 522
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Delete
Name: PERRA, BRUCE
Address: 500 FIFTH AVE SOUTH STE 526
City-St-Zip: NAPLES, FL 34102

Title: VP () Delete
Name: BRYSON, AARON
Address: 500 FIFTH AVE SOUTH STE 526
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Delete
Name: SMITH, MIKE
Address: 500 FIFTH AVE SOUTH STE 526
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Delete
Name: JENNINGS, JAMES B
Address: 500 FIFTH AVE SO. STE 526
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AARON BRYSON

VP

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date