


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 292015
1. Entity Name
THE LABEUNA FARMS, INC.



Principal Place of Business
115 SOUTH FIFTH STREET
MACCLENNY, FL 32063

Mailing Address
115 SOUTH FIFTH STREET
MACCLENNY, FL 32063



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1091874

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KNABBS, JAMES D
117 SO 5TH ST
MACCLENNY, FL 32063

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000188471
01/24/05-80058-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNABB, JAMES W JR 115 SOUTH 5TH ST. MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNABB, WILLIAM R 115 S 5TH ST MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, DARLENE 115 S. 5TH ST. MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCULLOUGH, CAROLYN 115 S 5TH ST MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, MICHAEL 115 S 5TH ST MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, JOE ALLEN 115 S 5TH ST MACCLENNY, FL 32063

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: *Joe Allen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/20/05* Daytime Phone #: *904 259 3201*