

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 292015

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**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1091874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNABBS, JR., JAMES W
 115 S 5TH ST
 MACCLENNY, FL 32063**

**DO NOT WRITE
 IN THIS SPACE**

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 retreating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

1100000397531
 01/30/06-80V53-014 150.00

OFFICERS AND DIRECTORS

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

**DO NOT WRITE
 IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James W. Knabb, Jr. **JAMES W. Knabb, Jr.** 1/19/06 904 259 3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #