

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 292015

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE LABEUNA FARMS, INC.

Current Principal Place of Business:

115 SOUTH FIFTH STREET
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

115 SOUTH FIFTH STREET
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-1091874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNABBS, JR., JAMES W
115 S 5TH ST
MACCLENNY, FL 32063 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: PD () Delete
Name: KNABB, JR., JAMES W
Address: 115 SOUTH 5TH ST.
City-St-Zip: MACCLENNY, FL 32063

Title: VPD () Delete
Name: KNABB, WILLIAM W
Address: 115 S 5TH ST
City-St-Zip: MACCLENNY, FL 32063

Title: S () Delete
Name: HARRIS, DARLENE
Address: 115 S. 5TH ST.
City-St-Zip: MACCLENNY, FL 32063

Title: TD () Delete
Name: MCCULLOUGH, CAROLYN
Address: 115 S 5TH ST
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: YARBOROUGH, MICHAEL
Address: 115 S 5TH ST
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: WOMBLES, EUIE
Address: 115 S 5TH ST
City-St-Zip: MACCLENNY, FL 32063

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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City-St-Zip:

Title: () Change () Addition
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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: JAMES W. KNABB, JR.

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date