

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 292015

**Entity Name:** THE LABEUNA FARMS, INC.

**Current Principal Place of Business:**

115 SOUTH FIFTH STREET  
MACCLENNY, FL 32063

**Current Mailing Address:**

115 SOUTH FIFTH STREET  
MACCLENNY, FL 32063 US

**FEI Number:** 59-1091874

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DORMAN, DIANE K.  
115 SOUTH FIFTH ST  
MACCLENNY, FL 32063 US

*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

**Officer/Director Detail :**

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

Title S, DIRECTOR  
Name DORMAN, DIANE K  
Address 115 S. 5TH ST.  
City-State-Zip: MACCLENNY FL 32063

Title TD  
Name FLETCHER, DANI  
Address 115 S 5TH ST  
City-State-Zip: MACCLENNY FL 32063

Title D  
Name YARBOROUGH, GLENN  
Address 115 S 5TH ST  
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR, ASST SEC., ASST TREAS  
Name RHODEN, JANE D  
Address 115 SOUTH FIFTH STREET  
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR  
Name MCCAULEY, MIKE  
Address 115 SOUTH FIFTH STREET  
City-State-Zip: MACCLENNY FL 32063

Title P, DIRECTOR  
Name KNABB, GEORGE W.  
Address 115 SOUTH FIFTH STREET  
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR  
Name MCCULLOUGH, CAROLYN D  
Address 115 S FIFTH ST  
City-State-Zip: MACCLENNY FL 32063

*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: DIANE KNABB DORMAN**

**SECRETARY**

**02/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date