


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000055579</b> 1. Entity Name <b>LABONTE INVESTMENTS, INC.</b>	
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Principal Place of Business <b>3762 EDWARDS ROAD          FT PIERCE, FL 34981</b>	Mailing Address <b>3762 EDWARDS ROAD          FT PIERCE, FL 34981</b>
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01172007 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>01-0787140</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

LABONTE, FERNAND W  
 3762 EDWARDS ROAD  
 FT PIERCE, FL 34981

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 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, 2007 Fee will be \$550.00

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

U00000608189  
 01/31/07-80067-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LABONTE, FERNAND W
STREET ADDRESS	3762 EDWARDS ROAD
CITY-ST-ZIP	FT PIERCE, FL 34981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE

12. 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: Fernand W. Labonte      1-23-07      772 461 4015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #