

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731233

FILED  
Feb 24, 2007  
Secretary of State

**Entity Name:** LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX, (40 ET 8) DUVAL COUNTY, FLORIDA, VOITURE LOCALE 304, INC.

**Current Principal Place of Business:**

5443 SAN JUAN AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

5443 SAN JUAN AVENUE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-6153288      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

O'LOUGHLIN, RICHARD C  
4215 BUCK POINT ROAD  
JACKSONVILLE, FL 32210      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

**OFFICERS AND DIRECTORS:**

Title: MD      ( ) Delete  
Name: CONGRESSI, BARRY  
Address: 874 FALCON TRACE  
City-St-Zip: JACKSONVILLE, FL 32222

Title: D      ( ) Delete  
Name: TARR, JOSEPH E.,  
Address: 7671 HILLSIDE DR.  
City-St-Zip: JACKSONVILLE, FL

Title: D      ( ) Delete  
Name: O'LOUGHLIN, RICHARD C  
Address: 4215 BUCK POINT ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. O'LOUGHLIN

D

02/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date