

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90019 013 \*\*\*\*61.25

**DOCUMENT # 718000**

1. Entity Name  
VOITURE 541, 40&8, INCORPORATED



Principal Place of Business  
C/O JACK F. HOPKINS  
1285 MISSION HILLS BLVD  
CLEARWATER, FL 33759-2748

Mailing Address  
C/O JACK F. HOPKINS  
1285 MISSION HILLS BLVD  
CLEARWATER, FL 33759-2748

**94017037**

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2. Principal Place of Business  
**602 LIMETREE DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**602 LIMETREE DR.**  
Suite, Apt. #, etc.

01182004 Chg-NP CR2E037 (10/03)

City & State  
**OLDSMAR FL.**

City & State  
**OLDSMAR FL.**

4. FEI Number  
**23-7371660**

Applied For  
Not Applicable

Zip  
**34677-2608**

Country  
**U.S.A.**

Zip  
**34677-2608**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HOPKINS, JACK F.  
1285 MISSION HILL BLVD  
CLEARWATER, FL 33759-2748

**7. Name and Address of New Registered Agent**

Name: **JACK F. HOPKINS**  
Street Address (P.O. Box Number is Not Acceptable)  
**602 LIMETREE DR.**  
City **OLDSMAR FL** Zip Code **34677-2608**

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 *Jack F. Hopkins*

**JACK F. HOPKINS**

**2-12-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE SD  
NAME HOPKINS, JACK F. ☐ Delete  
STREET ADDRESS 1285 MISSION HILLS BLVD  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE TD  
NAME PETTIBONE, JOHN ☐ Delete  
STREET ADDRESS 3160 CHAMBLEE LANE  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE D  
NAME COX, TOM ☐ Delete  
STREET ADDRESS 2625 TEAKWOOD DR  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE D  
NAME JEOREY, EDWARD C ☐ Delete  
STREET ADDRESS 6550 SHORELINE DR #7206  
CITY-ST-ZIP SAINT PETERSBURG, FL 33708

TITLE VD ☒ Delete  
NAME MOSES, HENRY SR  
STREET ADDRESS 2514 BAY BERRY DR  
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE VD ☐ Delete  
NAME MOSES, HENRY SR  
STREET ADDRESS 1848 EMORY DR  
CITY-ST-ZIP CLEARWATER, FL

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE SD ☒ Change ☐ Addition  
NAME HOPKINS JACK F.  
STREET ADDRESS 602 LIMETREE DR.  
CITY-ST-ZIP OLDSMAR FL. 34677-2608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME JEDREY EDWARD C  
STREET ADDRESS 6550 SHORELINE DR. #7206  
CITY-ST-ZIP SAINT PETERSBURG FL. 33708

TITLE PD ☒ Change ☐ Addition  
NAME ARTHUR GEORGE  
STREET ADDRESS 12734 111TH LANE N.  
CITY-ST-ZIP LARGO FL 33778

TITLE D ☒ Change ☐ Addition  
NAME MOSES HENRY SR.  
STREET ADDRESS 2514 BAYBERRY DR.  
CITY-ST-ZIP CLEARWATER FL. 33763

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *John Pettibone* **JOHN PETTIBONE** 2-11-04 727-725-2121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #