


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90053 036 \*\*\*\*61.25

<b>DOCUMENT # 718000</b> 1. Entity Name <b>VOITURE 541, 40&amp;8, INCORPORATED</b>					
Principal Place of Business <b>602 LIMETREE DR. OLDSMAR, FL 34677-2608</b>			Mailing Address <b>3160 CHAMBLEE LANE CLEARWATER, FL 33759-3707</b>		
2. Principal Place of Business <b>3160 CHAMBLEE LANE</b>			3. Mailing Address <b>3160 CHAMBLEE LANE</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>CLEARWATER FL.</b>			City & State <b>CLEARWATER FL.</b>		
Zip <b>33759-3707</b>			Zip <b>33759-3707</b>		
Country <b>U.S.A.</b>			Country <b>U.S.A.</b>		
4. FEI Number <b>23-7371660</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 ---			7. Name and Address of New Registered Agent ---		
<b>HOPKINS, JACK F.</b> <b>602 LIMETREE DR.</b> <b>OLDSMAR, FL 34677</b>			Name <b>JOHN PETTIBONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3160 CHAMBLEE LANE</b> City <b>CLEARWATER</b> FL <b>33759-3707</b>		
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 <i>John Pettibone</i> <b>JOHN PETTIBONE - TREASURER</b> <b>FEB 8 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOPKINS, JACK F. 602 LIMETREE DR. OLDSMAR, FL 346772608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSES HENRY SR. 2514 BAYBERRY DR. CLEARWATER FL. 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETTIBONE, JOHN 3160 CHAMBLEE LANE CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, TOM 2625 TEAKWOOD DR CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEDREY, EDWARD C 6550 SHORELINE DR #7206 SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, ARTHUR 12734 111TH LANE N. LARGO, FL 33778	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSES, HENRY SR 2514 BAYBERRY DR. CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIRADEE ARCHIE 3113 SR. 580 NO. 321 SAFETY HARBOR FL. 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>John Pettibone</i> <b>JOHN PETTIBONE</b> <b>FEB 8, 2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

30013104



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FL 33759-3707

727-725-2121