


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90004 018 \*\*\*\*61.25

<b>DOCUMENT # 718000</b> 1. Entity Name <b>VOITURE 541, 40&amp;8, INCORPORATED</b>					
Principal Place of Business <b>3160 CHAMBLEE LANE CLEARWATER, FL 33759-3707</b>			Mailing Address <b>3160 CHAMBLEE LANE CLEARWATER, FL 33759-3707</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>23-7371660</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PETTIBONE, JOHN 3160 CHAMBLEE LANE CLEARWATER, FL 33759-3707</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE <u><i>John Pettibone</i></u>				DATE <u>FEB 1 2006</u>	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSES, HENRY SR 2514 BAYBERRY SR CLEARWATER, FL 33763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
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	S.D MOSES HENRY SR. 2514 BAYBERRY DR. CLEARWATER, FL 33763	
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	PD COX TOM 2625 TEAKWOOD DR. CLEARWATER, FL 33764	
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	D GEORGE ARTHUR 12734 111TH LANE N. LARGO, FL 33778	
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 PAIRADEE, ARCHIE 3113 SR 580 NO 321 SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u><i>John Pettibone</i></u> <b>JOHN PETTIBONE</b> <u>FEB 1 2006</u> <u>727-725-2121</u>					