2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718000

FILED Mar 16, 2009 Secretary of State

Entity Name: VOITURE 541, 40&8, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 3160 CHAMBLEE LANE CLEARWATER, FL 337593707 **Current Mailing Address: New Mailing Address:** 3160 CHAMBLEE LANE CLEARWATER, FL 337593707 FEI Number: 23-7371660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETTIBONE, JOHN 3160 CHAMBLEE LANE CLEARWATER, FL 337593707 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOSES, HENRY SR Name: Name: 2514 BAYBERRY DR Address: Address: City-St-Zip: CLEARWATER, FL 33763 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition Name: COX, TOM Name: HOOVER, HOWARD Address: 2625 TEAKWOOD DR Address: 4107 W LAWN AVE City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: TAMPA, FL 33611 Title: () Delete Title: (X) Change () Addition PETTIGONE, JOHN PETTIBONE, JOHN Name: Name: 3160 CHAMBLEE LANE Address: Address: 3160 CHAMBLEE LANE City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759 Title: () Delete Title: () Change () Addition Name: JEDREY, EDWARD C Name: Address: 6550 SHORELINE DR #7206 Address: City-St-Zip: SAINT PETERSBURG, FL 33708 City-St-Zip: Title: () Delete Title: () Change () Addition PARADISE, GEORGE Name: Name: 634 QUAIL KEEP DRIVE Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: Title: () Delete Title: () Change () Addition PAIRADEE, ARCHIE Name: Name: Address: 3113 SR 580 NO 321 Address: SAFETY HARBOR, FL 34695 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN PETTIBONE TD 03/16/2009