

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90076 006 \*\*\*\*61.25

**DOCUMENT # 766284**  
 1. Entity Name  
**LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX, INC., (VOITURE LOCALE 215)**



Principal Place of Business: 1151 S. 4TH ST. JACKSONVILLE BEACH, FL 32250 US  
 Mailing Address: 1151 S. 4TH ST. JACKSONVILLE BEACH, FL 32250 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03172008 Chg-NP CR2E037 (12/06)

4. FEI Number: NOT APPLICABLE  
 Applied For: Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 PELLAND, WILLIAM  
 2268 MAYPORT RD LOT115  
 ATLANTIC BEACH, FL 32233

**7. Name and Address of New Registered Agent**  
 Name: **Wilbert R. Thomas**  
 Street Address (P.O. Box Number is Not Acceptable): **12780 Attrill Rd.**  
**Jacksonville Fl. 32258**  
 City: **Jacksonville** FL Zip Code: **32258**

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: *Wilbert R. Thomas* **Wilbert R. Thomas Treasure** 3/21/08  
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, 2008**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	PELLAND, WILLIAM	
STREET ADDRESS	2268 MAYPORT RD. LOT115	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SWORD, JAMES	
STREET ADDRESS	504 COURAGEOUS CT	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DURDEN, JEFFRY	
STREET ADDRESS	600 COURAGEOUS CT.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilbert R. Thomas	
STREET ADDRESS	12780 Attrill Rd.	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	Pd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Newberry	
STREET ADDRESS	3110 Seahawk Dr.	
CITY-ST-ZIP	Ponte Vedra Beach Fl. 32082	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman Sullivan	
STREET ADDRESS	2077 Corona Ct	
CITY-ST-ZIP	Jacksonville Fl. 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Wilbert R. Thomas* **Wilbert R. Thomas** 3/21/08 904 886-2560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #