
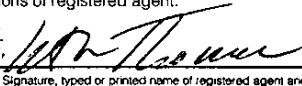



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 766284</b> 1. Entity Name <b>LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX, INC., (VOITURE LOCALE 215)</b>					
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.		3. Mailing Address  Suite, Apt. #, etc.		03172008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PELLAND, WILLIAM</b> <b>2268 MAYPORT RD LOT115</b> <b>ATLANTIC BEACH, FL 32233</b>				7. Name and Address of New Registered Agent Name <b>Wilbert R. Thomas</b> Street Address (P.O. Box Number is Not Acceptable) <b>12780 Attrill Rd.</b> <b>Jacksonville Fl. 32258</b> City <b>Jacksonville</b> FL Zip Code <b>32258</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  <b>Wilbert R. Thomas</b> <b>Treasure</b> <b>3/21/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PELLAND, WILLIAM 2268 MAYPORT RD. LOT115 ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wilbert R. Thomas 12780 Attrill Rd. Jacksonville, FL 32258		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWORD, JAMES 504 COURAGEOUS CT ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pd Joe Newberry 3110 Seahawk Dr. Ponte Vedra Beach Fl. 32082		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURDEN, JEFFRY 600 COURAGEOUS CT. ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Norman Sullivan 2077 Corona Ct Jacksonville Fl. 32224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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:  <b>Wilbert R. Thomas</b> <b>3/21/08</b> <b>904 886-2560</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					