


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N01345 1. Entity Name VOITURE 202 DE LA SOCIETE DES 40 HOMMES ET 8 CHEVAUX OF ORANGE COUNTY, FLORIDA, INC.	
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Principal Place of Business 2101 LEE ROAD ORLANDO, FL 32810 US	Mailing Address 6808 RAVENNA AVENUE ORLANDO, FL 32819-8474 US
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1157050	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHARDSON, ANTHONY 6808 RAVENNA AVENUE ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000219054 02/08/05-80012-010 \$1.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, OLIVER J 1824 36TH STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHADER, LOUIS 1830 DORMONT LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, ANTHONY 6808 RAVENNA ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMBLETON, EVERETT D. 925 QUINTILIAN AVE. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LEON E 1509 ROOSEVELT AVE. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Anthony Richardson* *Anthony Richardson, Director* *2/6/05* *407 352 4187*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #