

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N07832

1. Entity Name
**VOITURE 880 LA SOCIETE DES 40 HOMMES ET 8
CHEVAUX INC.**



Principal Place of Business

**C/O JAMES M. WALLACE
420 OLD MAIN STREET
BRADENTON, FL 34205**

Mailing Address

**C/O JAMES M. WALLACE
420 OLD MAIN STREET
BRADENTON, FL 34205**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

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

**WALLACE, JAMES M.
420 OLD MAIN STREET
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000042364
02/10/04-80021-009 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOUDELKA, ERVIN
STREET ADDRESS	1905 67TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	SD
NAME	MUNSON, JAMES
STREET ADDRESS	6904 MANATEE AVENUE W #478
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	TD
NAME	MONTONE, FRANCIS
STREET ADDRESS	6510 STONE RIVER ROAD
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	VD
NAME	SMELSER, ROBERT
STREET ADDRESS	812 W 49TH AVENUE
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04 941-788-2331