

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19296

FILED  
Feb 22, 2007  
Secretary of State

**Entity Name:** LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX GRANDE VOITURE DE FLORIDA, INC.

**Current Principal Place of Business:**

1600 SHETTER AVENUE  
318  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 51383  
JACKSONVILLE BEACH, FL 32240 US

**New Mailing Address:**

**FEI Number:** 31-0923537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOLAN, JOSEPH E  
POST OFFICE BOX 51383  
JACKSONVILLE BEACH, FL 32240 US

**Name and Address of New Registered Agent:**

NOLAN, JOSEPH E  
1600 SHETTER AVE. #318  
JACKSONVILLE BEACH, FL 32250 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:

02/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RAY, HAROLD,  
Address: 15940 SE 65TH STREET  
City-St-Zip: OXLAHAHA, FL 32179

Title: D ( ) Delete  
Name: MCCABE, WILLIARD,  
Address: 4091 NW CINNAMON CIRCLE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: ST ( ) Delete  
Name: NOLAN, JOSEPH E.,  
Address: POST OFFICE BOX 51383  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: D ( ) Delete  
Name: FERGUSON, HUGH,  
Address: 351 SUMMER SPRING COURT  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: G. PAT BEAMER,  
Address: 2413 FIRST AVE. BOX 804-V4  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH E. NOLAN

ST

02/22/2007

Electronic Signature of Signing Officer or Director

Date