


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

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003373</b> 1. Entity Name VOITURE LOCALE 1604, LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX, INCORPORATED	
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Principal Place of Business 2179 BENEDICT RD JACKSONVILLE, FL 32209	Mailing Address P.O. BOX 43304 JACKSONVILLE, FL 32203-3304
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07222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3461081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RICHARDSON, CLARENCE L 2049 SUSSEX DR S ORANGE PARK, FL 32073
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**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 Clarence L. Richardson Clarence L. Richardson 7-22-2005  
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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000374416  
07/25/05-80009-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JOHN JR 9018 DERRICKSON DRIVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, THEODORE 10857 WINGATE RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, CLARENCE L 2049 SUSSEX DR S ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, CHARLES 6464 TRENTON DRIVE WEST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, SOLOMON R 4894 TACOBAGA LANE JACKSONVILLE, FL 322254022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAWYER, EUGENE W 2916 LIPPIA ROAD JACKSONVILLE, FL 32209

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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: Clarence L. Richardson 7-22-2005 904-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 214-3383