

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 A
Secretary of State

DOCUMENT # N97000000201

1. Entity Name
**VOITURE LOCALE 1352, LA SOCIETE DES 40 HOMMES
ET 8 CHEVAUX, INC.**



Principal Place of Business

**P.O. BOX 1994
LAKE CITY, FL 32056**

Mailing Address

**P.O. BOX 1994
LAKE CITY, FL 32056**



08232006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6176140

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURNHAM, LAWRENCE C
RT. 12 BOX 529
LAKE CITY, FL 32025**

**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 September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNHAM, LAWRENCE C 1495 E NAVAJO CIRCLE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLINN, WALTER L 601 OLUSTEE AVENUE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO MARRIOT, ALBERTO 195 SE FOREST TERRACE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, CHARLIE P.O BOX 1154 JASPER, FL 32052
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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22/06