

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

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003964	
1. Entity Name CLAY HILL HUNTING CLUB II, INC.	

Principal Place of Business 5780 COUNTY RD. 218 JACKSONVILLE, FL 32234	Mailing Address 5780 COUNTY RD. 218 JACKSONVILLE, FL 32234
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DO NOT WRITE IN THIS SPACE



07162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3461693	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARTER, JAMES 5780 CR 218 JACKSONVILLE, FL 32234	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: *James L Carter* **James L Carter** **8-17-04**
(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U08880171468 09/02/04-80002-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUCE, RAY LONG BRANCH RD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, FRED LONG BRANCH RD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVES, HERMAN E 8583 LAKE MARIETTA DR. S. JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, RICHARD 6143 OLD CARTER ROAD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, JAMES 5780 C/R 218 JACKSONVILLE, FL 32234
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 the empowered.

SIGNATURE: *James L Carter* **James L Carter** **8-17-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #