


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N970Q0003964	
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

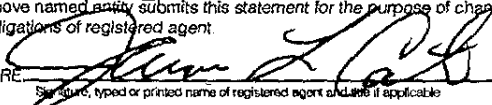


04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3461693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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** **4/29/05**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

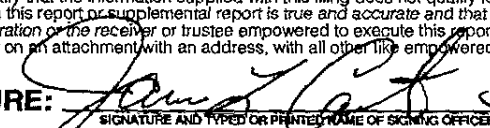
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CRUCE, RAY
STREET ADDRESS	LONG BRANCH RD
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	D
NAME	WILLIAMS, FRED
STREET ADDRESS	LONG BRANCH RD
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	D
NAME	REEVES, HERMAN E
STREET ADDRESS	8583 LAKE MARIETTA DR. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	D
NAME	HOBBS, RICHARD
STREET ADDRESS	6143 OLD CARTER ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	PD
NAME	CARTER, JAMES
STREET ADDRESS	5780 C/R 218
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000360553
05/05/05-80035-019 61.25

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:  **James L Carter** **4-29-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #