

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 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



02152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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 May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME CRUCE, RAY  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000642659  
03/01/07-80052-012 61.25

**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 like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James L Carter 2-15-07 904 289-9799