


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

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 747083
1. Entity Name
PUBLIC HOUSING ASSISTANCE, INC.



Principal Place of Business Mailing Address
300 W. DIXIE AVE. 300 W. DIXIE AVE.
LEESBURG, FL 34748 LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2196112 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOWE, JAMES H.
501 N BAY ST
EUSTIS, FL 32726 \$70

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOWE, JAMES H.
STREET ADDRESS	101 S EUTIS ST
CITY-ST-ZIP	EUSTIS, FL
TITLE	VD
NAME	JONES, ALUN M.
STREET ADDRESS	707 S MOUND ST.
CITY-ST-ZIP	LEESBURG FL,
TITLE	D
NAME	JOHNSON, LESLIE
STREET ADDRESS	PO BOX 842
CITY-ST-ZIP	LEESBURG, FL 347490842
TITLE	D
NAME	WARD, MARGARET C.
STREET ADDRESS	401 N. MILLS ST.
CITY-ST-ZIP	LEESBURG, FL
TITLE	SDT
NAME	JOHNSON, BETTY
STREET ADDRESS	PO BOX 842
CITY-ST-ZIP	LEESBURG, FL 347490842
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an other like empowered.

SIGNATURE: *Alun M. Jones* Vice Pres. 1-5-05 352-787-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #