


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90113 024 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6143 Old Carter Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Jacksonville FL			
City & State		City & State			
Zip	Country	Zip	Country	04212008 Chg-NP CR2E037 (12/06)	
32234	USA	4. FEI Number 59-3461693		<input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
CARTER, JAMES 5780 CR 218 JACKSONVILLE, FL 32234			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME CRUCE, RAY		<input type="checkbox"/> Delete		
STREET ADDRESS LONG BRANCH RD	JACKSONVILLE, FL 32234		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE D	NAME REEVES, HERMAN E		<input type="checkbox"/> Delete		
STREET ADDRESS 8583 LAKE MARIETTA DR. S.	JACKSONVILLE, FL 32220		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	JACKSONVILLE, FL 32220		CITY-ST-ZIP		
TITLE D	NAME HOBBS, RICHARD		<input type="checkbox"/> Delete		
STREET ADDRESS 6143 OLD CARTER ROAD	JACKSONVILLE, FL 32234		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE PD	NAME CARTER, JAMES		<input type="checkbox"/> Delete		
STREET ADDRESS 5780 C/R 218	JACKSONVILLE, FL 32234		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>James L Carter</i>			4-21-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		