

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90005 009 \*\*\*150.00

**DOCUMENT # P03000044818**



1. Entity Name  
**RAY J'S HANDICAP HOUSING, INC.**

Principal Place of Business  
**5208 HIGHWAY 178  
MILTON, FL 32570**

Mailing Address  
**5208 HIGHWAY 178  
MILTON, FL 32570**

**44050792**



2. Principal Place of Business

**5941 Rolling Greens Dr.**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 901**  
Suite, Apt. #, etc.

07212004

Chg-P

CR2E034 (10/03)

City & State

**Milton FL**

City & State

**Milton FL 32572**

4. FEI Number

**56-2352462**

Applied For

Not Applicable

Zip

**32570**

Country

**USA**

Zip

**32572**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, L. RAY  
5208 HIGHWAY 178  
MILTON, FL 32570**

7. Name and Address of New Registered Agent

Name

**L. RAY JOHNSON**

Street Address (P.O. Box Number is Not Acceptable)

**5941 ROLLING GREENS DR.**

City

**Milton FL**

FL

Zip Code

**32570**

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

**L. Ray Johnson**

(NOTE: Registered Agent signature required when reinstating)

**7-23-04**

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **JOHNSON, L. RAY**  
STREET ADDRESS **5208 HIGHWAY 178**  
CITY-ST-ZIP **MILTON, FL 32570**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition  
NAME **JOHNSON, L. RAY**  
STREET ADDRESS **5941 ROLLING GREENS DR.**  
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

**L. RAY JOHNSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-23-04**

Date

Daytime Phone #

**850-626-0505**

# Ray J's

Handicap Housing, Inc.

Attachment  
44050792

# P03000044818

Florida Dept. of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: Your letter #804A00046200

Dated: July 21, 2004

Attn: Sean Toner

Enclosed please find the Compliance Reports as requested in your letter noted above;  
including our check, #1001 in the amount of \$150.00.

If any thing else is required please advise and we will comply.

Respectfully,  
L. Ray Johnson

*L. Ray Johnson*

