


**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90104 026 \*\*\*\*50.00  
08-24-2005 90057 009 \*\*\*100.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> PD3000094818                          |  |
| <b>1. Entity Name</b><br>Ray J's Handicap Housing, Inc. |   |

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>5941 Rolling Green Dr.<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>P.O. Box 901<br>Suite, Apt. #, etc.                   |
| <b>City &amp; State</b><br>Milton FL<br><b>Zip</b> 32570 <b>Country</b> Santa Rosa     | <b>City &amp; State</b><br>Milton FL<br><b>Zip</b> 32572 <b>Country</b> Santa Rosa |

**50063223**

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|  |   |
|--|---|
| <b>4. FEI Number</b><br>56-2352462   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>7. Name and Address of Current Registered Agent</b>   |   |
| <b>Name</b><br>L. RAY JOHNSON  |   |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>5941 Rolling Green Dr.                    |   |
| <b>City</b><br>Milton  | <b>FL</b> <b>Zip Code</b> 32570                               |

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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** L. Ray Johnson  
Signature, typed or printed name of registered agent and title if applicable.

**DATE**

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

| <b>9. MANAGING MEMBERS/MANAGERS</b> |                 |                        |                    |
|-------------------------------------|-----------------|------------------------|--------------------|
| <b>TITLE</b>                        | <b>NAME</b>     | <b>STREET ADDRESS</b>  | <b>CITY-ST-ZIP</b> |
| PRESIDENT                           | L. RAY JOHNSON  | 5941 Rolling Green Dr. |                    |
| SECRETARY                           | FERRALD JOHNSON | 5941 Rolling Green Dr. | Milton FL 32570    |
|                                     |                 |                        |                    |
|                                     |                 |                        |                    |
|                                     |                 |                        |                    |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** L. RAY JOHNSON L. Ray Johnson 850-623-8300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (1202)



ATTACHMENT  
50063223

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 28, 2005

RAY J'S HANDICAP HOUSING, INC.  
PO BOX 901  
MILTON, FL 32572

Subject: RAY J'S HANDICAP HOUSING, INC.

Reference Number: P03000044818

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS  
ANNUAL REPORTS SECTION

*Enclosed please find a  
attached ck of \$100.00 + 1070  
as per Request Rg*