


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000078606</b> 1. Entity Name <b>HOMEOWNERS FOR JUSTICE, INC.</b>	
---	--

Principal Place of Business <b>220 S.E. 36TH AVE. OCALA, FL 34471</b>	Mailing Address <b>220 S.E. 36TH AVE. OCALA, FL 34471</b>
--	--

DO NOT WRITE IN THIS SPACE



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3467950</b>	Applied Not App
------------------------------------	--------------------

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

6. Name and Address of Current Registered Agent  <b>KROITOR, MICHAEL 220 SE 36TH AVE OCALA, FL 34471</b>
--

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 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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD HENDERSON, FRANK 1130 SE 52ND ST OCALA, FL 34480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD KROITOR, MICHAEL 2401 SE 13TH ST OCALA, FL 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000160954  
05/19/04-80003-006 150.00

DO NOT WRITE  
IN THIS SPACE

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, changed, or on an attachment with an address, with all other like empowered.

*Handwritten signature: Frank Henderson*