




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P97000078606 | |  |
| 1. Entity Name HOMEOWNERS FOR JUSTICE, INC. | | |
| Principal Place of Business 220 S.E. 36TH AVE. OCALA, FL 34471 | | Mailing Address 220 S.E. 36TH AVE. OCALA, FL 34471 |
| DO NOT WRITE IN THIS SPACE | | |
|  | | |
| 01312005 No Chg-P CR2E034 (10/03) | | |
| 4. FEI Number 59-3467950 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| KROITOR, MICHAEL 220 SE 36TH AVE OCALA, FL 34471 | | 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 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)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD HENDERSON, FRANK 1130 SE 52ND ST OCALA, FL 34480 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD KROITOR, MICHAEL 2401 SE 13TH ST OCALA, FL 34471 | |
| 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>3/4/05</u> Daytime Phone # _____ |