2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jul 21, 2006
Secretary of State

DOCUMENT# F01000005930

Entity Name: PRECISION HOMES & APPLE VALLEY CARGO, INC.

Current Principal Place of Business:

305 EAST 3RD STREET
OCILLA, GA 31774

New Principal Place of Business:

Current Mailing Address:

305 EAST 3RD STREET
OCILLA, GA 31774

New Mailing Address:

FEI Number: 58-2641180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

WILLIAMS, TAMMY SEC
152 SOUTH ZANDER WAY
SANTA ROSA, FL 33324 US

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.

SIGNATURE: TAMMY WILLIAMS 07/21/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: WILLIAMS, JACKIE
Address: 305 EAST THIRD STREET
City-St-Zip: OCILLA, GA 31774

Title: VD ( ) Delete
Name: WILLIAMS, PAT
Address: 305 EAST THIRD STREET
City-St-Zip: OCILLA, GA 31774

Title: D ( ) Delete
Name: WHITFIELD, GREG
Address: 305 EAST THIRD STREET
City-St-Zip: OCILLA, GA 31774

Title: D (X) Delete
Name: CROFT, KENNY
Address: 305 EAST THIRD STREET
City-St-Zip: OCILLA, GA 31774

Title: D (X) Delete
Name: COMPTON, JOEL
Address: 305 EAST THIRD STREET
City-St-Zip: OCILLA, GA 31774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: WILLIAMS, JACKIE
Address: 101 VISTA BLUFFS
City-St-Zip: DESTIN, FL 32541

Title: VD (X) Change ( ) Addition
Name: WILLIAMS, PAT
Address: 101 VISTA BLUFFS
City-St-Zip: DESTIN, FL 32541

Title: SD (X) Change ( ) Addition
Name: WILLIAMS, TAMMY
Address: 152 SOUTHZANDER WAY
City-St-Zip: SANTA ROSA, FL 32459

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY WILLIAMS SECD 07/21/2006
Electronic Signature of Signing Officer or Director Date