2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# K85850

Entity Name: VILLAGE ENTERPRISES, INC.

Current Principal Place of Business:

127 MCCALLISTER RD
CRAWFORDVILLE, FL 323270127 US

New Principal Place of Business:

128 MCCALLISTER RD
CRAWFORDVILLE, FL 323270127 US

Current Mailing Address:

127 MCCALLISTER RD
CRAWFORDVILLE, FL 323270127 US

New Mailing Address:

128 MCCALLISTER RD
CRAWFORDVILLE, FL 323270127 US

FEI Number: 59-2951376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOZEMAN, TIM
127 MCCALLISTER ROAD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

BOZEMAN, TIM
128 MCCALLISTER ROAD
CRAWFORDVILLE, FL 32327 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: TIM BOZEMAN 10/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOZEMAN, TIMOTHY J
Address: 127 MCCALLISTER RD
City-St-Zip: CRAWFORDVILLE, FL 323270127

Title: ST ( ) Delete
Name: CARROLL, JASON C
Address: 126 COCHISE ST
City-St-Zip: CRAWFORDVILLE, FL 323270126

Title: VP ( ) Delete
Name: BOZEMAN, CLAYTON R
Address: 19 PAWNEE TRL
City-St-Zip: CRAWFORDVILLE, FL 323270019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOZEMAN, TIMOTHY J
Address: 128 MCCALLISTER RD
City-St-Zip: CRAWFORDVILLE, FL 323270127

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 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: TIM BOZEMAN PD 10/08/2009
Electronic Signature of Signing Officer or Director Date