

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K92220

FILED
Sep 23, 2009
Secretary of State

Entity Name: WILLIAMS & SONS ROOFING, INC.

Current Principal Place of Business:

5840 WILLIAMS ROAD
PORT ORANGE, FL 32127

New Principal Place of Business:

4270 FALLING LEAF DR
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

5840 WILLIAMS ROAD
PORT ORANGE, FL 32127

New Mailing Address:

4270 FALLING LEAF DR
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-2954542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, GLENN
5840 WILLIAMS ROAD
DAYTONA BEACH, FL 32127 US

Name and Address of New Registered Agent:

WILLIAMS, GLENN
4270 FALLING LEAF DR
NEW SMYRNA BEACH, FL 32168 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: GLENN WILLIAMS

09/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, GLENN
Address: 5840 WILLIAMS RD.
City-St-Zip: PORT ORANGE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, GLENN
Address: 4270 FALLING LEAF DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: GLENN WILLIAMS

P

09/23/2009

Electronic Signature of Signing Officer or Director

Date