

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000022165

Entity Name: PAXTON, INC.

FILED  
Aug 28, 2007  
Secretary of State

## Current Principal Place of Business:

351 3RD STREET NORTHWEST  
WINTER HAVEN, FL 33881

## New Principal Place of Business:

113 COVINGTON COVE  
WINTER HAVEN, FL 33880

## Current Mailing Address:

351 3RD STREET NORTHWEST  
WINTER HAVEN, FL 33881

## New Mailing Address:

113 COVINGTON COVE  
WINTER HAVEN, FL 33880

FEI Number: 02-0557313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, ANDREA C  
351 3RD STREET NORTHWEST  
WINTER HAVEN, FL 33881 US

## Name and Address of New Registered Agent:

WILLIAMS, BOBBY  
113 COVINGTON COVE  
WINTER HAVEN, FL 33880 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: BOBBY WILLIAMS

08/28/2007

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: PD ( ) Delete  
Name: WILLIAMS, ANDREA C  
Address: 250 BRIGHAM RD  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete  
Name: WILLIAMS, BOBBY  
Address: 351 3RD STREET NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, BOBBY  
Address: 113 COVINGTON COVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, ANDREA C  
Address: 113 COVINGTON COVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: O ( ) Change (X) Addition  
Name: PAXTON, WILLIAMS E  
Address: 113 COVINGTON COVE  
City-St-Zip: WINTER HAVEN, FL 33880

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: BOBBY WILLIAMS

P

08/28/2007

Electronic Signature of Signing Officer or Director

Date