## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000033498

18008 VICTORIAN DR

CLERMONT, FL 34715 US

Address:

City-St-Zip:

FILED Jan 13, 2009 Secretary of State

Entity Name: ROGER WILLIAMS CONSTRUCTION, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	TORIAN DR NT, FL 34715	US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX MINNEOL	636 A, FL 34755	US			
FEI Number	: 04-3633889	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
ALL FLORIDA FIRM, INC. 813 DELTONA BLVD., SUITE A DELTONA, FL 32725 US				ROGER WILLIAMS 18008 VICTORIAN DRIVE CLERMONT, FL 34715 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ROGER A. WILLIAMS				01/13/2009	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( WILLIAMS, RC 18008 VICTOI CLERMONT, F	RIAN DR	Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( WILLIAMS, PA 18008 VICTOR CLERMONT, F	RIAN DR	Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	S ( WILLIAMS, PA 18008 VICTOI CLERMONT, F	RIAN DR	Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name:	T ( WILLIAMS, PA	) Delete MELA J	Title: ( Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROGER A. WILLIAMS **PRES** 01/13/2009