

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000082941

FILED
Mar 23, 2009
Secretary of State

Entity Name: CRECY - WILLIAMS ENTERPRISE, INC.

Current Principal Place of Business:

4002 ASTON PLACE
PLANT CITY, FL 33566

New Principal Place of Business:

2910 KELLY RIDGE LANE
TAMPA, FL 33604

Current Mailing Address:

4002 ASTON PLACE
PLANT CITY, FL 33566

New Mailing Address:

2910 KELLY RIDGE LANE
TAMPA, FL 33604

FEI Number: 13-4259626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH B
4002 ASTON PLACE
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

WILLIAMS, JOSEPH B
2910 KELLY RIDGE LANE
TAMPA, FL 33604 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: JOSEPH B. WILLIAMS

03/23/2009

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: D () Delete
Name: WILLIAMS, JOSEPH B
Address: 4002 ASTON PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: WILLIAMS, EVELYN C
Address: 4002 ASTON PLACE
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, JOSEPH B
Address: 2910 KELLY RIDGE LANE
City-St-Zip: TAMPA, FL 33604

Title: D (X) Change () Addition
Name: WILLIAMS, EVELYN C
Address: 2910 KELLY RIDGE LANE
City-St-Zip: TAMPA, FL 33604

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: JOSEPH B. WILLIAMS

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date