

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000019131

FILED
Apr 30, 2009
Secretary of State

Entity Name: COMPLETE RESIDENTIAL DESIGN, INC.

Current Principal Place of Business:

4204 HERSCHEL STREET, #32
JACKSONVILLE, FL 32210

New Principal Place of Business:

2795 LEON ROAD
JACKSONVILLE, FL 32246

Current Mailing Address:

4204 HERSCHEL STREET, #32
JACKSONVILLE, FL 32210

New Mailing Address:

2795 LEON ROAD
JACKSONVILLE, FL 32246

FEI Number: 20-0663779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, DAVID A
2654 MYRA STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

WOMACK, DAVID A
2795 LEON ROAD
JACKSONVILLE, FL 32246 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: DAVID A. WOMACK

04/30/2009

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: PSTD () Delete
Name: WOMACK, DAVID A
Address: 2654 MYRA STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WOMACK, DAVID A
Address: 2795 LEON ROAD
City-St-Zip: JACKSONVILLE, FL 32246

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: DAVID A. WOMACK

PDST

04/30/2009

Electronic Signature of Signing Officer or Director

Date