
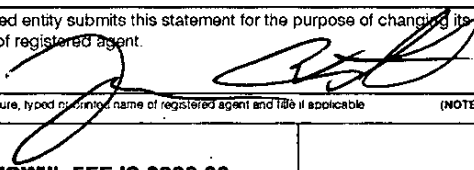
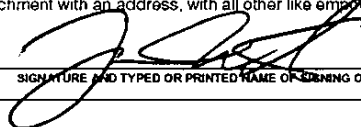


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000041329 1. Entity Name WILLIAMSON BROS. EROSION CONTROL, INC.					
Principal Place of Business 4763 FLAMINGO DRIVE ST. JAMES CITY, FL 33956			Mailing Address 4763 FLAMINGO DRIVE ST. JAMES CITY, FL 33956		
2. Principal Place of Business 10820 Habitat Circle Suite, Apt. #, etc.		3. Mailing Address 10820 Habitat Circle Suite, Apt. #, etc.			
City & State Bokeelia Florida Zip 33922 Country		City & State Bokeelia Florida Zip 33922 Country		4. FEI Number 13-4275218	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMSON, JOSEPH A 4763 FLAMINGO DRIVE ST. JAMES CITY, FL 33956			7. Name and Address of New Registered Agent Name Williamson, Joseph A. Street Address 10820 Habitat Circle City Bokeelia FL Zip Code 33922		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>				May 10, 2006 <small>DATE</small>	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, JOSEPH A 4763 FLAMINGO DRIVE ST. JAMES CITY, FL 33956		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Williamson, Joseph A. 10820 Habitat Circle Bokeelia, FL 33922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Joseph A. Williamson, Pres. 5/10/06 239-283-0341		

FILED
06 MAY 16 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05092006 REIN-P CR2E098 (1/06)

05-06