

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000122926

**FILED**  
**Nov 11, 2009**  
**Secretary of State**

**Entity Name:** WILLIAMS ROOFING & CONSTRUCTION INC.

**Current Principal Place of Business:**

11140 STONEY POINT LANE W  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

11140 STONEY POINT LANE W  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 54-2181907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, ANTHONY  
11140 STONEY POINT LW  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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:** ANTHONY WILLIAMS

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: CEOP ( ) Delete  
Name: WILLIAMS, ANTHONY  
Address: 11140 STONEY POINT LANE W  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ANTHONY WILLIAMS

CEOP

11/11/2009

Electronic Signature of Signing Officer or Director

Date