2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000116946

P O BOX 257

FERNANDINA BEACH, FL 32035

Address:

City-St-Zip:

FILED Jan 23, 2008 Secretary of State

Entity Name: CUSTOM CYPRESS FENCE INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1125-1 CESERY BLVD. JACKSONVILLE, FL 32211				6411-1 ARLINGTON ROAD JACKSONVILLE, FL 32211	
Current M	lailing Addres	ss:	New Mailing Addre	New Mailing Address:	
1125-1 CESERY BLVD. JACKSONVILLE, FL 32211				1483 SOUTH 5TH STREET FERNANDINA BCH, FL 32034	
FEI Number	: 06-1693896	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
WILLIAMS, ROWLAND V 1125-1 CESERY BLVD. JACKSONVILLE, FL 32211 US			6411-1 ARLINGTON	WILLIAMS, ROWLAND V 6411-1 ARLINGTON ROAD JACKSONVILLE, FL 32211 US	
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: ROWLAND V. WILLIAMS				01/23/2008	
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HOOPER, JAM P O BOX 257	Delete ES S BEACH, FL 32035	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	HOOPER, JAM P O BOX 257	Delete ES S BEACH, FL 32035	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HOOPER, BRE P O BOX 257	Delete NDA J BEACH, FL 32035	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	SD () HOOPER, BRE	Delete NDA 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: JAMES HOOPER **CEOP** 01/23/2008