

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT #P97000051977**

1. Entity Name  
**GREG WILLEMS' TRUCKING AND LANDWORKS, INC.**



06 OCT 26 11:23:57

Principal Place of Business  
**1073 CARLTON DR  
MELBOURNE, FL 32935**

Mailing Address  
**1073 CARLTON DRIVE  
MELBOURNE, FL 32935**

2. Principal Place of Business  
**508 SE PRESS RUTH DR**

3. Mailing Address  
**508 SE PRESS RUTH DR**

Suite, Apt. #, etc.

City & State  
**LAKE CITY, FL**

City & State  
**LAKE CITY, FL**

Zip  
**32025**

Country  
**Columbia**

Zip  
**32025**

Country  
**Columbia**



**REINSTATEMENT** 1/05 **06**

4. FEI Number  
**59-3392713**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLEMS, GREG  
1073 CARLTON DRIVE  
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**508 SE PRESS RUTH DR**

City **LAKE CITY** FL Zip Code **32025**

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: **X Greg Willems** DATE: **10-24-06**

(NOTE: Registered Agent signature required when reinstating)

**- FILE NOW!! - FEE IS \$150.00  
After January 1, 2007, Fee will be \$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	PSTD WILLEMS, GREG 1073 CARLTON DRIVE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>508 SE PRESS RUTH DR LAKE CITY, FL 32025</b>
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 <b>700081254147 10/26/06--01036--023 **150.00</b>
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: **X Greg Willems** DATE: **10-24-06** DAYTIME PHONE: **321-863-4593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR