## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000127391

FILED Apr 10, 2007 Secretary of State

Entity Name: W & J CARPET SERVICES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
4509 SW 7TH PL CAPE CORAL, FL 339147519	717 TARPON ST FORT MYERS, FL 33916
Current Mailing Address:	New Mailing Address:
4509 SW 7TH PL CAPE CORAL, FL 339147519	717 TARPON ST FORT MYERS, FL 33916
FEI Number: 20-5661892 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BEACH, FL 33064 US	
The above named entity submits this statement for the puin the State of Florida.	rpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agen	t Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: PD ( ) Delete Name: DE OLIVEIRA, JASON A	Title: PD (X) Change ( ) Addition Name: DE OLIVEIRA, JASON A

4509 SW 7TH PL Address: 717 TARPON ST Address: City-St-Zip: CAPE CORAL, FL 339147519 City-St-Zip: FORT MYERS, FL 33916

Title: DV () Delete Title: DV (X) Change ( ) Addition DA SILVEIRA, WENYS A DE OLIVEIRA, ALCETES A Name: Name:

Address: 4509 SW 7TH PL Address: 717 TARPON ST

CAPE CORAL, FL 339147519 FORT MYERS, FL 33916 City-St-Zip: City-St-Zip:

Title: Title: ( ) Change (X) Addition ( ) Delete

DE OLIVEIRA, OBADIAS A Name: Name: Address: Address: 717 TARPON ST

City-St-Zip: City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON A DE OLIVEIRA PD 04/10/2007