

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006803 1. Entity Name ONE WAY OF MICHIGAN CARPET SERVICES, INC.	
---	---

Principal Place of Business 5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135	Mailing Address P.O. BOX 965 INKSTER, MI 48141-0965
--	---

DO NOT WRITE IN THIS SPACE



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3607319	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATENAUE, BRYDEN 971 BROOKVIEW CIRCLE PENSACOLA, FL 32503	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000000157 01/31/07-80066-005 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PATENAUE, BRYDEN 5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC DUPUIS, JASON 5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPUIS, JASON 5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUPUIS, BRYDEN 5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **1-20-07** **(248) 737-6050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #