2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000006803

1. Entity Name
ONE WAY OF MICHIGAN CARPET SERVICES, INC.

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

01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

PATENAUDE, BRYDEN
971 BROOKVIEW CIRCLE
PENSACOLA, FL 32503

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000928999
05/21/08-80051-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	PATENAUDE, BRYDEN
STREET ADDRESS	5911 MIDDLEBELT ROAD
CITY-ST-ZIP	GARDEN CITY, MI 48135
TITLE	VSVC
NAME	DUPUIS, JASON
STREET ADDRESS	5911 MIDDLEBELT ROAD
CITY-ST-ZIP	GARDEN CITY, MI 48135
TITLE	D
NAME	DUPUIS, JASON
STREET ADDRESS	5911 MIDDLEBELT ROAD
CITY-ST-ZIP	GARDEN CITY, MI 48135
TITLE	T
NAME	DUPUIS, BRYDEN
STREET ADDRESS	5911 MIDDLEBELT ROAD
CITY-ST-ZIP	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: Jason Dupuis JASON DUPUIS 4-22-08 248.737-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #