

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000074083

Entity Name: W.P.C WOOD DESIGN,INC.

**FILED**  
**Sep 25, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

8539 VEHLIN CT  
NAVARRE, FL 32566

## **New Principal Place of Business:**

426 VERB ST.  
FORT WALTON BEACH, FL 32547

## **Current Mailing Address:**

8539 VEHLIN CT  
NAVARRE, FL 32566

## **New Mailing Address:**

426 VERB ST  
FORT WALTON BEACH, FL 32547

FEI Number: 20-1106808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SIQUEIRA, WELLINGTON  
8539 VEHLIN CT  
NAVARRE, FL 32566 US

## **Name and Address of New Registered Agent:**

CHAVES, JOAO  
426 VERB ST  
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: JOAO CHAVES

09/25/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIQUEIRA, WELLINGTON  
Address: 8539 VEHLIN CT  
City-St-Zip: NAVARRE, FL 32566

Title: S ( ) Delete  
Name: SIQUEIRA, WELLINGTON  
Address: 8539 VEHLIN COURT  
City-St-Zip: NAVARRE, FL 32566

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHAVES, JOAO  
Address: 426 VERB ST  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP (X) Change ( ) Addition  
Name: SIQUEIRA, WELLINGTON  
Address: 8539 VEHLIN COURT  
City-St-Zip: NAVARRE, FL 32566

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: JOAO CHAVES

P

09/25/2006

Electronic Signature of Signing Officer or Director

Date