2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000057300

5725 N. CRATER LAKE CIRCLE

KEYSTONE HEIGHTS, FL 32656

Address:

City-St-Zip:

Entity Name: WJF SERVICES, INC.

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5725 N. CRATER LAKE CIRCLE KEYSTONE HEIGHTS, FL 32656 **Current Mailing Address: New Mailing Address:** PO BOX 566 5725 N. CRATER LAKE CIRCLE MELROSE, FL 32666 KEYSTONE HEIGHTS, FL 32656 FEI Number: 33-1167240 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: FLANAGAN, WILLIAM J 5725 N. CRÁTER LAKE CIRCLE KEYSTONE HEIGHTS, FL 32656 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FLANAGAN, WILLIAM J Name: Name: 5725 N. CRATER LAKE CIRCLE Address: Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROBERTSON, MARGARET E Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM J FLANAGAN P 04/26/2009