CK# 1173

FILED

954-472-7586

2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 12, 2007 08:00 A **Secretary of State** DOCUMENT # P92000006947 1. Entity Name WJD, INC. Principal Place of Business Mailing Address 13774 S GARDEN COVE CR 13774 S GARDEN COVE CR DAVIE, FL 33325 **DAVIE, FL 33325** 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0413136 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVEAU, WILLIAM DO NOT WRITE 13774 S GARDEN COVE CR **DAVIE, FL 33325** 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, twood or contect name of registered agent and title if applicable. OIDTE: Recistered Agent secretum required when minutation) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IIII F DEVEAU, WILLIAM J NAME U00000585564 STREET ADDRESS 13774 S GARDEN COVE CIRCLE 01/16/07-80017-019 150.00 CITY-ST-ZIP **DAVIE, FL 33325** ПΠЕ NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NUMBER STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

Wecu

ITED NAME OF SIGNING OFFICER OR DIRECTOR