2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008
Secretary of State

DOCUMENT# H35289

Entity Name: JOHN MAVRIDIS PAINTING, INC.

Current Principal Place of Business:

716 WESLEY AVE
UNIT 8
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

4621 TROPICAL LANE
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 59-1872036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULLER, ROBERT
4621 TROPICAL LANE
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete
Name: FULLER, ROBERT
Address: 4621 TROPICAL LANE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition
Name: FULLER, ROBERT F PRES
Address: 4621 TROPICAL LANE
City-St-Zip: HOLIDAY, FL 34690

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: ROBERT FULLER PRES 09/09/2008

Electronic Signature of Signing Officer or Director Date