

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H80735</b> 1. Entity Name P. JOHN STRINGER PAINTING AND PAPERHANGING, INC.			
Principal Place of Business C/O P. JOHN STRINGER 4902 RIVERWOOD AVE SARASOTA, FL 34231		Mailing Address C/O P. JOHN STRINGER 4902 RIVERWOOD AVE SARASOTA, FL 34231	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01172007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2594811		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  STRINGER, P. JOHN 4902 RIVERWOOD AVE SARASOTA, FL 34231		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000676009 03/30/07-80041-023 150.00	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	P		
NAME	STRINGER, P. JOHN		
STREET ADDRESS	4902 RIVERWOOD AVE		
CITY-ST-ZIP	SARASOTA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE			
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 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: <u>P. JOHN STRINGER</u>		3/21/07 944-925-8759	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	