2007 FOR PROFIT CORPORATION -**ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000002610

KOSTAS & CHRIS PAINTING, INC.



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

2387 ASHMORE DRIVE CLEARWATER, FL 33763 Mailing Address

2387 ASHMORE DRIVE CLEARWATER, FL 33763



01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0764849 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent	6. 1	Name	and	Address	of	Current	Re	gistered	Agent
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NIKOLOPOULOS, KONSTANTINOS 2387 ASHMORE DRIVE CLEARWATER, FL 33763

DO NOT WRITE

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	named entity submits this statement for the prions of registered agent	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agant and title if	applicable (NOTE, Registered	Agont signature	required when reinstating)	OATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
IIILE NAME STREET ADDRESS CITY-ST-ZIP	PD NIKOLOPOULOS, KONSTANTINOS 2387 ASHMORE DRIVE CLEARWATER, FL 33763					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVASTOS, CHRISTOS 23 HILLCREST AVE CLEARWATER, FL 33755				000000706906 04/24/07-80051-021 150.00	
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·		
TITL C						

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: /www.yles Ky wolls)