


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000123210 1. Entity Name JOHN SANTOS PAINTING SERVICES, INC.	
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Principal Place of Business 1305 VIA VILLA NOVA WINTER SPRINGS, FL 32708	Mailing Address 1305 VIA VILLA NOVA WINTER SPRINGS, FL 32708
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0484470	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANTOS, JOHN 1305 VIA VILLA NOVA WINTER SPRINGS, FL 32708
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PRES
NAME	SANTOS, JOHN SR
STREET ADDRESS	1305 VIA VILLA NOVA
CITY-ST-ZIP	WINTER PARK, FL 32708
TITLE	VP
NAME	SANTOS, JOHN JR
STREET ADDRESS	1305 VIA VILLA NOVA
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	VP
NAME	CLAYTON, RANDY
STREET ADDRESS	1042 GWYN CR.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/07-80062-004 150.00

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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: *John Santos* **JOHN SANTOS** 1-23-07 407-282-1877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #