2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000123210 1. Entity Name JOHN SANTOS PAINTING SERVICES, INC.



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

Principal Place of Business

1305 VIA VILLA NOVA WINTER SPRINGS, FL 32708 Mailing Address

1305 VIA VILLA NOVA WINTER SPRINGS, FL 32708



DO NOT WRITE IN THIS SPACE

 01182007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, JOHN 1305 VIA VILLA NOVA WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE, Registered	d Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contribution			icing	\$5.00 May 8e Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SANTOS, JOHN SR 1305 VIA VILLA NOVA WINTER PARK, FL 32708				
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VP SANTOS, JOHN JR 1305 VIA VILLA NOVA WINTER SPRINGS, FL 32708		02/01/07-80062-004 150.00 DO NOT WRITE IN THIS SPACE		
TITLE Name Street address City-St-Zip	VP CLAYTON, RANDY 1042 GWYN CR. OVIEDO, FL 32765				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-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 ii changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-13-07

407-782-1877 Daytime Phone #