


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



01182007    No Chg-P    CR2E034 (11/05)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>SANTOS, JOHN 1305 VIA VILLA NOVA WINTER SPRINGS, FL 32708</b>
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
Signature, typed or printed name of registered agent and title if applicable.		

**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"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <b>SANTOS, JOHN SR 1305 VIA VILLA NOVA WINTER PARK, FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SANTOS, JOHN JR 1305 VIA VILLA NOVA WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CLAYTON, RANDY 1042 GWYN CR. OVIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 #