


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90191 003 ***150.00

DOCUMENT # P04000016832				Secretary of State 05-02-2006 90191 003 ***150.00	
1. Entity Name J P & J S PAINTING INC					
Principal Place of Business 1087 HACIENDA CIRCLE KISSIMMEE, FL 34741		Mailing Address 1087 HACIENDA CIRCLE KISSIMMEE, FL 34741			
2. Principal Place of Business 1087 Hacienda Circle Suite, Apt. #, etc. Kissimmee, FL		3. Mailing Address 1087 Hacienda Circle Suite, Apt. #, etc. Kissimmee, FL			
City & State Zip 34741 Country Florida		City & State Zip 34741 Country Florida		4. FEI Number 20-0660528	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANTOS, VICTOR A 1087 HACIENDA CIRCLE KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: VICTOR A SANTOS (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP P PELAEZ, JUAN C 4316 SUMMIT CREEK BLVD APT 3109 ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT VICTOR A SANTOS. 1087 HACIENDA CTR KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: [Signature] DATE: 4/30/06 (321) 388 416					