


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90002 011 ***550.00

DOCUMENT # P98000012564 1. Entity Name ST. JOHNS PAINT & DECORATING, INC.					
Principal Place of Business 4228 ST JOHNS AVE JACKSONVILLE, FL 32210			Mailing Address 4228 ST JOHNS AVE JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08102007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-2570445				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 LITTLE, SUSAN A 2223 ASTOR ST LIDO 6 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name <u>LITTLE, SUSAN A</u> Street Address (P.O. Box Number is Not Acceptable) <u>247 BACKYARD RD</u> City <u>MIDDLEBURG</u> <u>FL</u> Zip Code <u>32068</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing <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 LITTLE, SUSAN 2223 ASTOR ST LIDO #11 O.P., FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWLEY, GREGORY 8927 BARCO LANE JAX, FL 32222	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITTLE, SUSAN 247 BACKYARD RD MIDDLEBURG FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWLEY, GREGORY 247 BACKYARD RD MIDDLEBURG FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u>Susan Little</u> <u>814-57</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					