


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90213 030 ***158.75

DOCUMENT # V70624 1. Entity Name JOHN ELLIS PAINTING, INC.	
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Principal Place of Business 648 DOLPHIN RD. WINTER SPRINGS FL 32708 US	Mailing Address 648 DOLPHIN RD. WINTER SPRINGS FL 32708 US
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MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. 1601 Highland DR	3. Mailing Address Suite, Apt. #, etc. 1601 Highland DR
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City & State Longwood FL	City & State Longwood FL
Zip 32750	Zip 32750
Country	Country

4. FEI Number 59-3147137	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIS, JOHN 648 DOLPHIN ROAD WINTER SPRINGS FL 32708	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> P NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ELLIS, JOHN 648 DOLPHIN RD. WINTER SPRINGS FL
TITLE <input checked="" type="checkbox"/> V NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ELLIS, JOHNNY JR 1056 CHATHAM PINES, CIRCLE #214 WINTER SPRINGS FL 32708
TITLE <input checked="" type="checkbox"/> ST NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CRIST, JOHN 2603 CEDAR BAY POINTE., APT 101 CASSELBERRY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 Ellis **4-25-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #