

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90073 020 ***150.00

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01132005 No Chg-P CR2E034 (10/03)

DOCUMENT # V70624
 1. Entity Name
JOHN ELLIS PAINTING, INC.



Principal Place of Business Mailing Address
1601 HIGHLAND DR. **1601 HIGHLAND DR.**
LONGWOOD, FL 32750 US **LONGWOOD, FL 32750 US**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3147137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ELLIS, JOHN
~~648 DOLPHIN ROAD~~ *1601 Highland Drive*
~~WINTER SPRINGS, FL 32708~~ *LONGWOOD, FL 32750*

DO NOT WRITE IN THIS SPACE

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: John ELLIS DATE: 1-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELLIS, JOHN
STREET ADDRESS	648 DOLPHIN RD. <i>1601 HIGHLAND DRIVE</i>
CITY-ST-ZIP	WINTER SPRINGS, FL <i>LONGWOOD, FL 32750</i>
TITLE	V
NAME	ELLIS, JOHNNY JR
STREET ADDRESS	1056 CHATHAM PINES, CIRCLE #214 <i>4504 TRESPOTT DR</i>
CITY-ST-ZIP	WINTER SPRINGS, FL 32708 <i>ORLANDO, FL 32811</i>
TITLE	ST
NAME	CRIST, JOHN
STREET ADDRESS	2603 CEDAR BAY POINTE., APT 101
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 John ELLIS DATE: 1-25-05 DAYTIME PHONE #: 407-260-0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR