


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V70624

1. Entity Name
JOHN ELLIS PAINTING, INC.



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

Mailing Address
1601 HIGHLAND DR.
LONGWOOD, FL 32750 US

DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-3147137 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, JOHN
1601 HIGHLAND DRIVE
LONGWOOD, FL 32750

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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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000573256
 08/03/06 00003 006 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ELLIS, JOHN 1601 HIGHLAND DRIVE LONGWOOD, FL 32750 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ELLIS, JOHNNY JR 4504 TRECOTT DRIVE ORLANDO, FL 32817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CRIST, JOHN 2603 CEDAR BAY POINTE., APT 101 CASSELBERRY, FL |
| 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 Ellis John Ellis 8-1-06 407-260-0191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #