


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2007 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



07192007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 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
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)

U00000771706
08/08/07-20003-024 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 | P |
| NAME | ELLIS, JOHN |
| STREET ADDRESS | 1601 HIGHLAND DRIVE |
| CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | V |
| NAME | ELLIS, JOHNNY JR |
| STREET ADDRESS | 4504 TRESCOTT DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 32817 |
| 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 | |

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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 **7-31-07** **407-260-0191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #