


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 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



01152008 No Chg-P CR2E034 (11/05)

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: John Ellis SR DATE: 1-23-08

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, 2008 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	1601 HIGHLAND DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	V
NAME	ELLIS, JOHNNY JR
STREET ADDRESS	4504 TRECOTT 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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 02/05/08-80015-017 150.00

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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 SR, John Ellis SR DATE: 1-23-08 DAYTIME PHONE #: 407-467-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR