


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # V21516
 1. Entity Name
A & J DOCUMENT SHREDDING, INC.



Principal Place of Business Mailing Address
580 FAIRVILLA RD **580 FAIRVILLA RD**
ORLANDO, FL 32808 US **ORLANDO, FL 32808 US**



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3124606** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
MAVROFRIDES, GEORGE
580 FAIRVILLA RD
ORLANDO, FL 32808

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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 remaining) _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAVROFRIDES, GEORGE 580 FAIRVILLA RD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAVROFRIDES, GEORGE D. 9218 TOBY LANE ORLANDO, FL
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 05/05/06-80035-012 150.00

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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 807, 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:  **GEORGE MAVROFRIDES 4-16-06 407-822-8630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #