


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 631430 1. Entity Name D & J PRINTING, INC.	
---	---

Principal Place of Business 155 W SR 434 WINTER SPRINGS, FL 32708 US	Mailing Address 155 W SR 434 WINTER SPRINGS, FL 32708 US
--	--



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1929298	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  GUDENKAUF, RICHARD J. 2125 EMERALD GREEN CIR OVIEDO, FL 32765	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	11000000291859 04/07/05-80048-002 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUDENKAUF, RICHARD J. 2125 EMERALD GREEN CIR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUDENKAUF, MICHAEL J. 9718 SYLVA CT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUDENKAUF, JOAN W 2125 EMERALD GREEN CIR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  <b>Michael J. Gudenkauf</b> 4/4/05 407-327-0704	Date _____	Daytime Phone # _____
--	------------	-----------------------