


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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

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



04292004 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3124606	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:

MAVROFRIDES, GEORGE
580 FAIRVILLA RD
ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

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 date if applicable (NOTE: Registered Agent signature required when electronic) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

U00000145036
05/03/04-80008-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information provided 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 of this report or on an attachment with an address, with all other like empowerments.

SIGNATURE:  4-29-04
Typed or printed name of signing officer or director Date