


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**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

**DO NOT WRITE IN THIS SPACE**



04012008      No Chg-P      CR2E034 (11/05)

4. FEI Number  
**59-3124606**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**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 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	
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 04/29/08-80091-010-150.00

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:  **GEORGE MAVROFRIDES**      4-2-08      407-822-8630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #