

Robin Carnahan Secretary of State
 2007 ANNUAL REGISTRATION REPORT
 BUSINESS

**File Number: 200704490355
 00384412**
Date Filed: 02/13/2007
Robin Carnahan
Secretary of State

REPORT DUE BY: **04/30/2007**

ANNUAL REPORT MONTH:
January

00384412
JENNINGS PRINTING, INC.
JEFFREY R JULL
8641 JENNINGS ROAD
ST. LOUIS, MO 63136

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
8641 jennings road (Required)
 STREET
st louis, MO **63136**
 CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**
 The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
 The new registered office address
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). (MUST LIST PRESIDENT AND SECRETARY BELOW) A		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW) B	
PRES	JEFFREY R JULL (Required)	NAME	JEFFREY R. JULL (Required)
STREET/RT	8641 JENNINGS STATION RD.	STREET/RT	8641 JENNINGS STATION RD.
CITY/STATE/ZIP	ST. LOUIS, MO 63136-6305	CITY/STATE/ZIP	ST. LOUIS, MO 63136-6305
V-PRES	Roseann Jull	NAME
STREET/RT	8641 Jennings Station Road	STREET/RT
CITY/STATE/ZIP	St. Louis, MO 63136	CITY/STATE/ZIP
SEC'Y	Roseann Jull (Required)	NAME
STREET/RT	8641 Jennings Station Road	STREET/RT
CITY/STATE/ZIP	St. Louis, MO 63136	CITY/STATE/ZIP
TREAS	JEFFREY R. JULL	NAME
STREET/RT	8641 JENNINGS STATION ROAD	STREET/RT
CITY/STATE/ZIP	St. Louis, MO 63136	CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here jeffrey jull (Required)

Please print name and title of signer: jeffrey jull / president
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$20.00 If filed on or before 4/30
 ___ \$35.00 If filed on or before 5/31
 ___ \$50.00 If filed on or before 6/30
 ___ \$65.00 If filed on or before 7/31

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102