

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90054 044 ***150.00

DOCUMENT # F47795 1. Entity Name TYPING, ETC., INC.					
Principal Place of Business 6635 W. COMMERCIAL BLVD SUITE 202 214 TAMARAC, FL 33319 US			Mailing Address 6635 W. COMMERCIAL BLVD SUITE 202 214 TAMARAC, FL 33319 US		
2. Principal Place of Business - No P.O. Box # 6635 W. COMMERCIAL BLVD.		3. Mailing Address 6635 W. COMMERCIAL BLVD.		<div style="font-size: 24px; font-weight: bold;">40068281</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 04032008 Chg-P CR2E034 (12/06) </div>	
Suite, Apt. #, etc. SUITE 214		Suite, Apt. #, etc. SUITE 214			
City & State TAMARAC, FL 33319		City & State TAMARAC, FL 33319			
Zip 33319	Country US	Zip 33319	Country US	4. FEI Number 59-2152277	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLTON, WILLIAM S 6981 NW 23RD STREET MARGATE, FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <div style="float: right;"> \$5.00 May Be Added to Fees </div>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLTON, EDNA L 6981 NW 23RD ST MARGATE, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLTON, WILLIAM S 6981 NW 23RD ST MARGATE, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
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: <i>Edna L. Holton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			EDNA L. HOLTON, PRESIDENT		
APRIL 12, 2008			954-726-3300		