

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47795

Entity Name: TYPING, ETC., INC.

FILED
Mar 29, 2009
Secretary of State

Current Principal Place of Business:

6635 W. COMMERCIAL BLVD
SUITE 214
TAMARAC, FL 33319 US

New Principal Place of Business:

6981 NW 23RD STREET
MARGATE, FL 33063 US

Current Mailing Address:

6635 W. COMMERCIAL BLVD
SUITE 214
TAMARAC, FL 33319 US

New Mailing Address:

6981 NW 23RD STREET
MARGATE, FL 33063 US

FEI Number: 59-2152277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTON, WILLIAM S
6981 NW 23RD STREET
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLTON, EDNA L
Address: 6981 NW 23RD ST
City-St-Zip: MARGATE, FL 00000,

Title: SD () Delete
Name: HOLTON, WILLIAM S
Address: 6981 NW 23RD ST
City-St-Zip: MARGATE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLTON, EDNA L
Address: 6981 NW 23RD ST
City-St-Zip: MARGATE, FL 00000, FL 33063 US

Title: SD (X) Change () Addition
Name: HOLTON, WILLIAM S
Address: 6981 NW 23RD ST
City-St-Zip: MARGATE, FL 00000, FL 33063 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDNA L. HOLTON

PD

03/29/2009

Electronic Signature of Signing Officer or Director

Date