


FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90082 041 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F60842			
1. Entity Name THE TYPE GALLEY, INC.			
Principal Place of Business 1383 NORTH KILLIAN DR #9 LAKE PARK, FL 33403 US		Mailing Address 1383 N KILLIAN DRIVE #9 LAKE PARK, FL 33403 US	
2. Principal Place of Business 1194 Old Dixie Hwy #15		3. Mailing Address Same charges	
Suite, Apt. #, etc. #15		Suite, Apt. #, etc.	
City & State Lake Park FL		City & State	
Zip 33403		Country U.S.A.	
4. FEI Number 59-2150413		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEIRS, VIRGINIA 1383 N KILLIAN DR LAKE PARK, FL 33403		7. Name and Address of New Registered Agent Name Virginia Sheirs Street Address (P.O. Box Number is Not Acceptable) 1194 Old Dixie Hwy #15 City Lake Park FL Zip Code 33403	
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 Virginia Sheirs DATE 1-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SHEIRS, VIRGINIA 1383 N KILLIAN DR WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Virginia Sheirs 1194 Old Dixie Hwy #15 Lake Park FL 33403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Virginia Sheirs <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-20-04 561-848-0300 Daytime Phone # X202	