

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90002 047 ***150.00

DOCUMENT # P93000000493

1. Entity Name
SPECIALIZED TYPING SERVICES, INC.



Principal Place of Business
**1515 UNIVERSITY DRIVE
SUITE 104
CORAL SPRINGS, FL 33071 US**

Mailing Address
**1515 UNIVERSITY DRIVE
SUITE 104
CORAL SPRINGS, FL 33071 US**

54059606



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0385116

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75. Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GERALD M PEPPER & ASSOC PA
1515 UNIVERSITY DR
#114
CORAL SPRINGS, FL 33071**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MALLEN, RAE 1515 UNIVERSITY DR #104 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALLEN, RAE 1515 UNIVERSITY DR STE., #104 CORAL SPRINGS, FL
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**DO NOT WRITE
IN THIS SPACE**

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:

Rae Mallen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04

DATE

*9541
340-0737*

DAYTIME PHONE #