

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049658

Entity Name: AREA TYPEWRITER, INC.

FILED  
Jun 23, 2009  
Secretary of State

**Current Principal Place of Business:**

886 N. MIRAMAR AVE.  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

110 BOSKIND RD  
INDIALANTIC, FL 32903 US

**Current Mailing Address:**

886 N. MIRAMAR AVE.  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

110 BOSKIND RD  
INDIALANTIC, FL 32903 US

FEI Number: 59-3328694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHROHT, JON  
886 N. MIRAMAR AVE.  
INDIALANTIC, FL 32903 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCHROHT, JON M.  
Address: P.O. BOX 33172  
City-St-Zip: INDIALANTIC, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JON SCHROHT

PRES

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date