

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90002 016 ***550.00

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1. Entity Name
ANYTHING WITH TYPE, INC.



Principal Place of Business
211 SEAHORSE CT.
MARCO ISLAND, FL 34145 US

Mailing Address
211 SEAHORSE CT
MARCO ISLAND, FL 34145

40100000



DO NOT WRITE IN THIS SPACE

08262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0721544

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~DEAN, JAMES D~~
~~1419 SUSSEX DR.~~
~~NORTH LAUDERDALE, FL 33008~~

Elizabeth Laengle
211 Seahorse
Court
Marco Island, FL
34145

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

(NOTE: Registered Agent signature required when reinstating)

8/28/06
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAENGLE, MARK M
STREET ADDRESS 211 SEAHORSE CT.
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D
NAME LAENGLE, ELIZABETH C
STREET ADDRESS 211 SEAHORSE CT.
CITY-ST-ZIP MARCO ISLAND, FL 34145

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IN THIS SPACE**

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: *Elizabeth C Laengle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06 *239 394 0510*
Date Daytime Phone #