

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V08516

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** TYPESTYLES AND DESIGN, INC.

**Current Principal Place of Business:**

726 SOUTH MISSOURI AVENUE  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3287  
CASHIERS, NC 28717

**New Mailing Address:**

**FEI Number:** 59-3113430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOLINDA PIPKIN  
726 SOUTH MISSOURI AVENUE  
LAKELAND, FL 33815 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: PIPKIN, JOLINDA  
Address: 726 SOUTH MISSOURI AVENUE  
City-St-Zip: LAKELAND, FL 33815

Title: VSD  
Name: CLIFFORD, CHRISTINE H.  
Address: 726 SOUTH MISSOURI AVENUE  
City-St-Zip: LAKELAND, FL 33815

I hereby 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 all other like empowered.

SIGNATURE: JOLINDA PIPKIN

PRES

02/14/2012

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

\_\_\_\_\_  
Date