


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90002 010 ***150.00

DOCUMENT # L22711
1. Entity Name
JAMES M. TALLEY ASSOCIATES, INC.



Principal Place of Business Mailing Address
THE MCMULLEN HOUSE **THE MCMULLEN HOUSE**
315 E. GEORGIA ST. **315 E. GEORGIA ST.**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
17862 S.E. 87th BOURNE **same**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
The Villages **FLA 32162**
Zip Country Zip Country
USA

4. FEI Number **59-2971529** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TALLEY, JAMES M *← same*
17862 S. E. 87th Bourne Avenue *New - see above*
The Villages, FL 32162

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *James M. Talley President James M. Talley 2-4-04* DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TALLEY, JAMES M. THE MCMULLEN HOUSE 315 E. GEORGIA ST. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TALLEY JR., JAMES M. 6320 FITZGERALD ROAD ODESSA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TALLEY, CAROLYN C. THE MCMULLEN HOUSE 315 E. GEORGIA ST. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Change</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition 17862 S.E. 87th BOURNE Avenue The Villages, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Change</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition 17862 S.E. 87th Bourne Ave The Villages, FLA 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *James M. Talley* **James M. Talley** **2/4/04** **352-259-0808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #