


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90021 049 \*\*\*150.00

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



Principal Place of Business  
**17862 SE 87TH BOURNE AVENUE**  
**THE VILLAGE, FL 32162 US**

Mailing Address  
**223 JOHN KNOX ROAD**  
**TALLAHASSEE, FL 32303 US**

50022402



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07102006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**59-2971529**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**TALLEY, JAMES M**  
**17862 S.E. 87TH BOURNE AVENUE**  
**THE VILLAGE, FL 33162**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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	PT	<input type="checkbox"/> Delete
NAME	TALLEY, JAMES M.	
STREET ADDRESS	17862 S.E. 87TH BOURNE AVE.	
CITY-ST-ZIP	THE VILLAGE, FL 32162	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TALLEY JR., JAMES M.	
STREET ADDRESS	6320 FITZGERALD ROAD	
CITY-ST-ZIP	ODESSA, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TALLEY, CAROLYN C.	
STREET ADDRESS	17862 S.E. 87TH BOURNE AVE.	
CITY-ST-ZIP	THE VILLAGE, FL 32162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: James M. Talley President 07/03/06 828-689-2787  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**JAMES M. TALLEY** 352-259-0808

ATTACHMENT

50022402  
#L 22711

Please note:  
The post card was  
the only notice we  
received in the mail.  
We received the post  
card after the 4<sup>th</sup>  
of July saying it  
was due.  
Carolyn Falle  
J.M. Associates