


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P03000013486

1. Entity Name
TALLEY & PERRY VENTURES, INC.



Principal Place of Business
**201 CAMPBELL ROAD
FT. PIERCE FL 34945**

Mailing Address
**201 CAMPBELL ROAD
FT. PIERCE FL 34945**



2. Principal Place of Business - No P.O. Box #
201 Campbell Rd

3. Mailing Address
201 Campbell Rd

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Ft. Pierce FL

City & State
Ft. Pierce FL

Zip
34945

Country
USA

4. FEI Number **72-1547397**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZAHARAKO, DOROTHY
8821 CAMPBELL ROAD
FT PIERCE FL 34945**

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 _____ DATE **2-8-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TALLEY, JOHN <input type="checkbox"/> Delete 201 CAMPBELL ROAD FT PIERCE FL 34945
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V PERRY, CHARLES A III <input type="checkbox"/> Delete 403 W. COKER RD FORT PIERCE FL 34945
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP TALLEY, JOHN <input type="checkbox"/> Delete 201 CAMPBELL RD FORT PIERCE FL 34945
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000669393 03/27/07-80070-009 158.75
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
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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 exemptions contained in Section 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: John Talley DATE: **3-14-07** DAYTIME PHONE: **772 466-7290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #