

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90023 007 ***150.00

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04302008 Chg-P CR2E034 (12/06)

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-1547397	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>John Talley</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 Campbell Rd</u> City <u>Fort Pierce</u> FL Zip Code <u>34945</u>		
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 <u>John Talley</u> <small>Signed, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/30/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TALLEY, JOHN	NAME			
STREET ADDRESS	201 CAMPBELL ROAD	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL 34945	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRY, CHARLES A III	NAME			
STREET ADDRESS	403 W. COKER RD	STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34945	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TALLEY, JOHN	NAME			
STREET ADDRESS	201 CAMPBELL RD	STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34945	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>John Talley, Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/30/08</u> DAYTIME PHONE # <u>(772) 466-7290</u>		