2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 30, 2005 8:00 am **Secretary of State DOCUMENT # P04000124150** 1. Entity Name 03-30-2005 90037 017 ***150.00 MARK TALTON, INC. Principal Place of Business Mailing Address 11881 MOUNTAIN ASH ROAD EAST 11881 MOUNTAIN ASH ROAD EAST IACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 40042534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 20-1553278 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TALTON, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 11881 MOUNTAIN ASH ROAD EAST JACKSONVILLE, FL 32223 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be File NOWII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TIBE Channe Andition NAME TALTON, ROBERT M NAME 11881 MOUNTAIN ASH ROAD EAST STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32223 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLE Delete Change Addition TIME. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIN E ☐ Delete TITLE ☐ Change 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 exemption stated in Section 119.07(3)(i). Plorida 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 attachingsy with an address, with all other like empowered.

ROBGET M. TALTON

SIGNATURE:

FILED