

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 188340**

1. Entity Name  
**TALQUIN GAME RESERVE OF GADSDEN COUNTY, INC.**



Principal Place of Business  
**573 TIMBERLANE RD  
TALLAHASSEE, FL 32312**

Mailing Address  
**573 TIMBERLANE RD  
TALLAHASSEE, FL 32312**



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2471510** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**R. CLARK SMITH  
6242 COVEY CROSSING  
TALLAHASSEE, FL 32312**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

100000536428  
05/08/06-80082-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	SMITH, CLARK
STREET ADDRESS	6242 COVEY CROSSING
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	P
NAME	SMITH, ROGER C.
STREET ADDRESS	573 TIMBERLANE RD
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	D
NAME	HALL, CHARLES D
STREET ADDRESS	1316 ELEANOR DR
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Robert C. Smith (Robert C. Smith) PRESIDENT 4-25-06 850-385-0009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If