2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 22, 2007 08:00 All Secretary of State **DOCUMENT # 188340** 1. Entity Name TALQUIN GAME RESERVE OF GADSDEN COUNTY, INC. Principal Place of Business Mailing Address 573 TIMBERLANE RD 573 TIMBERLANE RD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt #, ctc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-2471510 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo R. CLARK SMITH Street Address (P.O. Box Number is Not Acceptable) 6242 COVEY CROSSING TALLAHASSEE FL 32312 Zip Codo 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THILE ☐ Delete FITLE ☐ Change Addition SMITH, CLARK NAME NAME 6242 COVEY CROSSING STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CITY - ST - ZIP 31111 ☐ Delete TITLE U0000067556 ₽ Change SMITH, ROGER C. NAME NAME. 03/30/07-80024-004 150.00 573 TIMBERLANE RD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-7IP CITY-ST-ZIP THE ☐ Defete TITLE ☐ Change Addition HALL, CHARLES D NAME NAME 1316 ELEANOR DR STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-SI-ZIP CITY ST-ZIP -HUE ☐ Delete THE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIIŒ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receivor 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 oddress, with all other like empowered.

FICER OR DIRECTOR

FILED

850-385-8002