

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 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



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2471510

Applied For
Not Applicable

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

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 _____

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

(NOTE: Registered Agent signature required when translating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000787717
01/18/08-80011-003 150.00

10. OFFICERS AND DIRECTORS

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

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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: Roger C. Smith ROGER C. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08
Date

850-385-0229
Daytime Phone #