


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90033 016 ***150.00


DOCUMENT # 233514	
1. Entity Name TALLEYRAND PROPERTIES, INC.	

Principal Place of Business 400 BLK TALLEYRAND NW AREA P.O. BOX 47663 JACKSONVILLE FL 32247-4763 US	Mailing Address P.O. BOX 47663 JACKSONVILLE FL 32247-4763 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE	GR2E034 (11/03)
4. FEI Number 59-0900674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FERLISI, JOHN 1765 RIVER ROAD ATP#4 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME FERLISI, JOHN F.	
STREET ADDRESS 1765 RIVER RD	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE SD	<input type="checkbox"/> Delete
NAME JORDAN, MARIANNE F.	
STREET ADDRESS 1049 NICHOLSON RD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE VPD	<input type="checkbox"/> Delete
NAME ROLLINS, MARSHA F.	
STREET ADDRESS 24512 LOS SERRONAS DR.	
CITY-ST-ZIP LAGUNA NIGUEL CA	
TITLE TD	<input type="checkbox"/> Delete
NAME FERLISI, JOSEPHINE P.	
STREET ADDRESS 4119 PALOMA PT CT	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN F. FERLISI	
STREET ADDRESS 1765 RIVER RD Apt #3	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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), 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:  **JOHN FERLISI, PRESIDENT** *2/6/04 (909) 655-8826*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #