


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90058 005 ***150.00

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



Principal Place of Business Mailing Address
400 BLK TALLEYRAND NW AREA **P.O. BOX 47663**
P.O. BOX 47663 **JACKSONVILLE FL 32247-4763**
JACKSONVILLE FL 32247-4763 **JACKSONVILLE FL 32247-4763**
US **US**

40009040



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
1730-B EAST DUVAL ST. Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE, FLA **DUVAL**
 Zip Country Zip Country
32202 **DUVAL**

4. FEI Number Applied For
59-0900674 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FERLISI, JOHN
~~**1765 RIVER ROAD**~~ **1781 RIVER RD**
~~**APT #4**~~ **APT #3**
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 *John Ferlisi* DATE **1/26/05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FERLISI, JOHN F.	
STREET ADDRESS	1781 RIVER RD. APT. #3	
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		<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		
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* **JOHN FERLISI, PRESIDENT** DATE **1/26/05**
Signature and typed or printed name of signing officer or director Daytime Phone # **904-306-0081**