

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 542230

1. Entity Name
DIVICOM, INCORPORATED



Principal Place of Business
159 N 5TH ST
STE G
LAKE MARY, FL 32746 US

Mailing Address
159 N 5TH ST
STE G
LAKE MARY, FL 32746 US

2. Principal Place of Business
321 SE Fawn Glen

Suite, Apt. #, etc.

3. Mailing Address
321 SE Fawn Glen

Suite, Apt. #, etc.

City & State
Lake City, FL

Zip
32025

Country
US

City & State
Lake City, FL

Zip
32025

Country
US

04232006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

MEYERS, GLENN E.
159 N 5TH ST
STE G

LAKE MARY, FL 32746

4. FEI Number

59-1764428

50016316



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

7. Name and Address of New Registered Agent

Name

James T Talmadge, III

Street Address (P.O. Box Number is Not Acceptable)

321 SE Fawn Glen

City

Lake City

FL

Zip Code
32025

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 *James T Talmadge III*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-06

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYERS, GLENN E 159 N 5TH ST STE G LAKE MARY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS TALMADGE, JAMES T III 321 SE FAWN GLEN LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James T Talmadge III* James T Talmadge III 4-23-06 (386)365-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #