## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 654085** 

Entity Name: TALENT ASSESSMENT, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6838 PHILLIPS PKWY DR S JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

P.O. BOX 5087 JACKSONVILLE, FL 32247

FEI Number: 59-2091087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BORDEN, BEN P.

6838 PHILLIPS PKWY DR S.

JACKSONVILLE, FL 32256 US

BORDEN, BEN P

6838 PHILLIPS PKWY DR S.

JACKSONVILLE, FL 32256 US

JACKSONVILLE, FL 32256 US

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.

SIGNATURE: BEN P. BORDEN 04/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 BORDEN, BEN P.
 Name:
 BORDEN, BEN P.

 Address:
 6838 PHILLIPS PWY DR S
 Address:
 6838 PHILLIPS PWY DR S

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

 $\label{eq:total_times} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{(X) Change () Addition}$ 

Name: JONES, SUSAN D Name: JONES, SUSAN D

Address: 6838 PHILLIPS PARKWAY DR SOUTH Address: 6838 PHILLIPS PARKWAY DR SOUTH

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN JONES VP 04/14/2009