2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709716

Entity Name: TALLACON, INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	OSDEN STREE SSEE, FL 3230				
Current M	ailing Addres	s:	New Maili	New Mailing Address:	
	OSDEN STREE SSEE, FL 3230				
FEI Number: 59-2351172 FEI Number Applied For ()		FEI Number Not App	icable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1571 CLIFF TALLAHAS	LAND, H.P. FORD HILL RD SSEE, FL 3230	8 US			
in the State		ubmits this statement for the pi	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () ORRICK, JUDSO 1304 GOLF TEF TALLAHASSEE,	RRACE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () MEYER, JAMES 676 RIGGINS R TALLAHASSEE,	D.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () CRAIG, JIM 1403 FAIRWAY TALLAHASSEE,		Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition CARTER, JERRY 1522 BELLEAU WOOD DR. TALLAHASSEE, FL 32208	
Title: Name: Address: City-St-Zip:	D () CARROUTH, RC 2116 W RANDO TALLAHASSEE,	LPH CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STD () PARSONS, STA 519 SHORT ST. TALLAHASSEE,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () SOUTHERLAND 1571 CLIFFORI TALLAHASSEE,	HILL RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SOUTHERLAND, H P 1571 CLIFFORD HILL RD TALLAHASSEE, FL 32312	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY B PARSONS SEC 01/05/2005