2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2006
Secretary of State

DOCUMENT# 709716

Entity Name: TALLACON, INC.

Current Principal Place of Business:

909 N. GADSDEN STREET
TALLAHASSEE, FL 323036315

New Principal Place of Business:

Current Mailing Address:

909 N. GADSDEN STREET
TALLAHASSEE, FL 323036315

New Mailing Address:

FEI Number: 59-2351172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHERLAND, H.P.
1571 CLIFFORD HILL RD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	ORRICK, JUDSON	
Address:	1304 GOLF TERRACE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	MEYER, JAMES B	
Address:	676 RIGGINS RD.	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	DVP	( ) Delete
Name:	CARTER, JERRY	
Address:	1522 BELLEAU WOOD DR.	
City-St-Zip:	TALLAHASSEE, FL 32208	
Title:	D	( ) Delete
Name:	CARROUTH, ROBERT	
Address:	2116 W RANDOLPH CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	STD	( ) Delete
Name:	PARSONS, STANLEY	
Address:	519 SHORT ST.	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	SOUTHERLAND, H P	
Address:	1571 CLIFFORD HILL RD	
City-St-Zip:	TALLAHASSEE, FL 32312	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	PARSONS, STANLEY B	
Address:	519 SHORT ST.	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 ST 01/15/2006

Electronic Signature of Signing Officer or Director — Date