2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# F03412

Entity Name: JOHN H. TALTON ENTERPRISES, INC.

Current Principal Place of Business:

7 WEST LAUREL STREET
7-W LAUREL ST.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

RUDEINS S. TALTON
7-W LAUREL ST
APOPKA, FL 32703 US

New Mailing Address:

7 WEST LAUREL STREET
7-W LAUREL ST.
APOPKA, FL 32703 US

FEI Number: 59-2032075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWDOIN, DOUGLAS
255 S. ORANGE AVE.
SUITE 800
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPCE	( ) Delete
Name:	TALTON, RUDEIN S	
Address:	7 WEST LAUREL ST.	
City-St-Zip:	APOPKA, FL 32703 US	
Title:	DVPC	( ) Delete
Name:	TALTON, JOHN H JR	
Address:	316-A MAPLE DR.	
City-St-Zip:	VIDALIA, GA 30474 US	
Title:	DSTC	( ) Delete
Name:	TALTON, MARIE A	
Address:	1313 LAKE ORANGE RD.	
City-St-Zip:	HILLSBOROUGH, NC 27278 US	
Title:	ASTC	( ) Delete
Name:	TALTON, JUDITH P	
Address:	316-A MAPLE DRIVE	
City-St-Zip:	VIDALIA, GA 30474 US	
Title:	ASTC	( ) Delete
Name:	LEE, ROBERT A	
Address:	1313 LAKE ORANGE RD	
City-St-Zip:	HILLSBOROUGH, NC 27278 US	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ROBERT A. LEE ASTC 01/23/2009

Electronic Signature of Signing Officer or Director — Date