2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# F97000006244

Entity Name: TALCON, INC.

Current Principal Place of Business:

186 FIRST OAK DR., E.O.
MABANK, TX 751479020

New Principal Place of Business:

Current Mailing Address:

186 FIRST OAK DR., E.O.
MABANK, TX 751569020

New Mailing Address:

FEI Number: 75-2729384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMERON, ROBIN C
350 DOG TRACK ROAD
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

CAMERON, ROBIN C
207 NORTH MOSS RD.
SUITE 207
WINTER SPRINGS, FL 32708 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: ROBIN C. CAMERON 01/15/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BEENE, TERRY M
Address: 1226 FORD ST.
City-St-Zip: IRVING, TX 75061

Title: ST ( ) Delete
Name: WALKER, LINDA G
Address: 1226 FARD ST
City-St-Zip: IRVING, TX 75061

Title: VP ( ) Delete
Name: CAMERON, ROBIN C
Address: 1091 LYRIC RD
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Delete
Name: PRESSIMONE, PHILIP
Address: 1166 VICTORIA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V ( ) Delete
Name: MILLER, PATSY R
Address: 186 FIRST OAK DR
City-St-Zip: MABANK, TX 75156

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA G. WALKER ST 01/15/2004
Electronic Signature of Signing Officer or Director Date