

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 046 ***150.00

DOCUMENT # G44456

1. Entity Name

TALKBOX COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

~~17049 FALKIRK AVENUE~~
PORT CHARLOTTE FL 33954

~~17049 FALKIRK AVENUE~~
PORT CHARLOTTE FL ~~33954~~

PO BOX 381083
33938-1083

2. Principal Place of Business

19800 Veterans Blvd Unit B4

3. Mailing Address

PO BOX 381083

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit B 4

1st MOORE

CR2E034 (10/05)



City & State

Port Charlotte FL

City & State

Port Charlotte FL

4. FEI Number

59-2373305

Applied For

Not Applicable

Zip

Country

33954

USA

Zip

Country

33938-1083

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COWELL, WILLIAM P

~~17049 FALKIRK AVENUE~~

~~PORT CHARLOTTE FL 33954~~

Name

COWELL WILLIAM P

Street Address (P.O. Box Number is Not Acceptable)

19800 Veterans Blvd Unit B4

City

Port Charlotte

FL

Zip Code

33954

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title (if applicable)
WILLIAM P COWELL Registered Agent

2/24/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
COWELL, WILLIAM P
17049 FALKIRK AVENUE
PORT CHARLOTTE FL 33954 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM P COWELL

PRESIDENT

2/24/06

941 627 5591

Date

Daytime Phone #