


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K04678
 1. Entity Name
TALQUIN VAULT CO., INC.



Principal Place of Business 20 TAYLOR CT. MIDWAY, FL 32343	Mailing Address P.O. BOX 559 MIDWAY, FL 32343
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DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2857636	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 STRAUSS, FRED N
 1694 MCCOOK RD.
 QUINCY, FL 32351

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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 _____ DATE _____
Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRAUSS, FRED N. 1694 MCCOOK RD. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STRAUSS, DEANNA 1694 MCCOOK RD. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRAUSS, WILLIAM D 5033 HEALTHSTONE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/23/06-80085-001 163.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William D. Strauss 2-10-06 574-2786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #