


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90195 021 ***150.00

DOCUMENT # K54819
 1. Entity Name
 TALON BOATS, INC.



4005515b



Principal Place of Business
 2253 INDUSTRIAL BLVD.
 SARASOTA, FL 34234

Mailing Address
 2253 INDUSTRIAL BLVD.
 SARASOTA, FL 34234

2. Principal Place of Business
 1968 WHITFIELD PARK AV.
 Suite, Apt. #, etc.

3. Mailing Address
 1968 WHITFIELD PARK AV.
 Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

City & State
 SARASOTA, FL

City & State
 SARASOTA, FL

Zip
 34243

Country
 MANATEE

Zip
 34243

Country
 MANATEE

4. FEI Number
 65-0090136

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARMINGTON, WILLIAM S.
 2253 INDUSTRIAL BLVD
 SARASOTA, FL 34234

7. Name and Address of New Registered Agent
 Name
 ARMINGTON, WILLIAM S
 Street Address (P.O. Box Number is Not Acceptable)
 1968 WHITFIELD PARK AV
 City
 SARASOTA FL FL Zip Code
 34243

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ARMINGTON, WILLIAM S. 2253 INDUSTRIAL BLVD. SARASOTA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMINGTON, GARY S. 2253 INDUSTRIAL BLVD. SARASOTA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 S. Armington William S. ARMINGTON 4-18-06 (941) 753-7400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #