2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 09, 2004 8:00 am DOCUMENT # L22711 **Secretary of State** 1. Entity Name 03-09-2004 90002 010 \*\*\*150.00 JAMES M. TALLEY ASSOCIATES, INC. Principal Place of Business Mailing Address THE MCMULLEN HOUSE THE MCMULLEN HOUSE 315 E. GEORGIA ST. TALLAHASSEE FL 32301 15 E. GEORGIA ST. ALLAHASSEE FL 32301 Sain Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For 59-2971529 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TALLEY, JAMES M 4 5 Sav Street Address (P.O. Box Number is Not Acceptable) 17862 S. E. 87th Bourne Avenue N The Villages, FL 32162 8. The above named entity submits this statemen for the of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition TALLEY, JAMES M. NAME STREET ADDRESS THE MCMULLEN HOUSE 315 E. GEORGIA ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL> CITY-ST-ZIP TITLE VP ☐ Delete TITLE NAME TALLEY JR., JAMES M. NAME STREET ADDRESS 6320 FITZGERALD ROAD STREET ADDRESS CITY-ST-7IP ODESSA FL CITY-ST-ZIP TITLE ☐ Delete NAME TALLEY, CAROLYN C. NAME STREET ADDRESS THE MCMULLEN HOUSE 315 E. GEORGIA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLA DL TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 attackment with an address, with all physicilise empowered.

FILED