


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90384 019 \*\*\*150.00

**DOCUMENT # L22711**

1. Entity Name  
**JAMES M. TALLEY ASSOCIATES, INC.**



Principal Place of Business  
**17862 S.E. 87TH BOURNE AVENUE  
THE VILLAGE, FL 32162 US**

Mailing Address  
**17862 S.E. 87TH BOURNE AVENUE  
THE VILLAGE, FL 32162 US  
223 JOHN KNOX ROAD  
TALLAHASSEE, FL 32303**

40001004



02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2971529</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TALLEY, JAMES M.  
17862 S.E. 87TH BOURNE AVENUE  
THE VILLAGE, FL 33162**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TALLEY, JAMES M. 17862 S.E. 87TH BOURNE AVE. THE VILLAGE, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TALLEY JR., JAMES M. 6320 FITZGERALD ROAD ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TALLEY, CAROLYN C. 17862 S.E. 87TH BOURNE AVE. THE VILLAGE, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES M. Talley *James M. Talley* **4/11/05** **1-850-322-6817**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #