2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004
Secretary of State

DOCUMENT# N99000000580

Entity Name: TALONS & TAILS, INC.

Current Principal Place of Business:

17930 N.W. 19TH ST.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17930 N.W. 19TH ST.
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0894695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FENIMORE, LYNN
17930 N.W. 19TH ST.
PEMBROKE PINES, FL 33029

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CO ( ) Delete
Name: FENIMORE, LYNN
Address: 17930 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Delete
Name: STEELE, RICHARD A
Address: 10660 GRIFFIN RD
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: T ( ) Delete
Name: JOHNS, MIKE
Address: 3551 N STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Delete
Name: SEVERSON, CARMEL
Address: 773 NW 103 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T ( ) Delete
Name: TEMPLES, BILL
Address: 7780 NW 31ST ST
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN FENIMORE CEO 07/09/2004
Electronic Signature of Signing Officer or Director — Date