



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000024747</b>			
1. Entity Name <b>TALISMAN BUSINESS CORPORATION</b>			
Principal Place of Business <b>1401-A EDGEWATER DRIVE ORLANDO, FL 32804</b>	Mailing Address <b>POST OFFICE BOX 547370 ORLANDO, FL 32854-7370</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-3633896</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>THURDEKOOS, CARLOS 1401-A EDGEWATER DRIVE ORLANDO, FL 32804</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		U000000101107 U4/U1/U4-80034-023 150.00	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	D		
NAME	THURDEKOOS, MARIA		
STREET ADDRESS	1401-A EDGEWATER DRIVE		
CITY- ST- ZIP	ORLANDO, FL 32804		
TITLE	D		
NAME	THURDEKOOS, CARLOS		
STREET ADDRESS	1401-A EDGEWATER DRIVE		
CITY- ST- ZIP	ORLANDO, FL 32804		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
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 attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/27/04 707-481-0022 <small>Date Daytime Phone #</small>	