2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2005 08:00 AM **DOCUMENT # P00000075008** Secretary of State TALLEY & ASSOCIATES REALTY, INC. Principal Place of Business Mailing Address 3723 5TH AVE NE P O BOX 25 BRADENTON, FL 34208 LONGBOAT KEY, FL 34228 01212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1027381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BISHOP, GERALD F DO NOT WRITE 2831 RINGLING BLVD #218F SARASOTA, FL 34237 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TALLEY, CLARENCE D NAME STREET ADDRESS 3728 5TH AVE NE CATY-ST-ZIP BRADENTON, FL 34208 U00000196108 01/26/05-80055-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21.05

141-224-0793

FILED