## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 08:00 AM Secretary of State

| DOCUMENT # P0100039326  1. Entity Name BILL PEACOCK'S IDLEWILD TALQUIN LODGE, INC.  Principal Place of Business 715 MIDDLEBROOKS CIRCLE  Mailing Address 715 MIDDLEBROOKS CIRCLE |  |   |  |  |                        | eretary to               |                |
|--|--|---|--|--|------------------------|--------------------------|----------------|
| DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  |  |   |  | 03032004 No Chg-P CR2E034 (†0/03)  4. FEI Number |                        |                          |                |
|  | (, J W JR.<br>LEBROOKS CIRCLE<br>SSEE, FL 32312  |   |  | NOT W<br>THIS SP                                 |                        |                          |                |
|  | named entity submits this statement for the pions of registered agent.  Signature, typed or printed name of registered agent and title       | il applicable (NOTE, Registered   | क्रात<br>Agent signalure require   | ed witten reinstalung)                           |                        | rida I am familiar wit   | h, and accept  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.  |  |   |  | 5.00 May Be<br>Ided to Fees                      | 04/29/04               | -80180-013               | 150.00         |
| 10.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE   | PD PEACOCK, J W JR. 715 MIDDLEBROOKS CIRCLE TALLAHASSEE, FL 32312  | OTORS   | Sample State of the State of th |  |                        |                          |                |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   |  | <u></u>  |                        | <u> </u>                 | ====           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |  |  | NOT W<br>THIS SP       |                          |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |  | <b>y</b>   |                        |                          |                |
| NAME STREET ADDRESS GITY-ST-ZIP 12.   hereby   | certify that the information supplied with this fi   | ling does not qualify for the exer                                      | nption stated in S   | ection 119 07(3)(i                               | ), Florida Statutes, I | further certify that the | information    |
| indicated  | on this report or supplemental report is true a poration or the receiver or trustee empowerer, or on an attachment with an address, with all | and accurate and that my signati<br>If to execute this report as requir | ure snall have the   | i sama ledal elleci                              | r as ir made under o   | am, mai i am an oirc     | Brordirector i |