

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000041598**

1. Entity Name  
**TALBOT SERVICE MARKETING, INC.**



Principal Place of Business  
**4375 SW 10TH PLACE #304  
DEERFIELD BEACH, FL 33442**

Mailing Address  
**4375 SW 10TH PLACE #304  
DEERFIELD BEACH, FL 33442**



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1113886**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TALBOT, VALERIE  
4375 SW 10TH PLACE #304  
DEERFIELD BEACH, FL 33442**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

**7-2-04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TALBOT, ANDRE  
STREET ADDRESS 197 DE LA STATION, LAURIER-STATION, QC  
CITY-ST-ZIP CANADA GOS 1NO,

TITLE SD  
NAME TALBOT, VALERIE  
STREET ADDRESS 197 DE LA STATION, LAURIER-STATION, QC  
CITY-ST-ZIP CANADA GOS 1NO,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

000000163357  
07/06/04-80010-011 150.00

000000163357  
07/06/04-80010-012 8.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VALERIE TALBOT** / 07-02-04 / 954-4057

Date

Daytime Phone #