2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000106717

1. Entity Name
THOMAS TALLAKSEN CUSTOM HOMES, INC.

Principal Place of Business	Mailing Address
6 ZINZENDORF PL PALM COAST, FL 32164	6 ZINZENDORF PL PALM COAST, FL 32164

DO NOT WRITE IN THIS SPACE

02252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3757723	Not Applicable

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

6. Name and Address of Current Registered Agent

TALLAKSEN, JULIE A
6 ZINZENDORF PLACE
PALM COAST, FL 32164

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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 _Julie A Tallaksen_

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE 2/25/05.

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000245363
02/28/05-80047-006 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P	
NAME	TALLAKSEN, THOMAS C	
STREET ADDRESS	6 ZINZENDORF PL	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	TS	
NAME	TALLAKSEN, JULIE	
STREET ADDRESS	6 ZINZENDORF PL	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _Julie Tallaksen_   2/25/05   386-437-2997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #