

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000007640

1. Entity Name
TALLYTOWN PRODUCTIONS INC.



Principal Place of Business
1511 N. MISSION RD.
TALLAHASSEE, FL 32304

Mailing Address
1511 N. MISSION RD.
TALLAHASSEE, FL 32304

FILED
04 APR 29 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-P CR2E034 (10/03)

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4. FEI Number 56-2318371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORTON, JAMES
1511 N. MISSION RD.
TALLAHASSEE, FL 32304

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HORTON, JAMES
STREET ADDRESS	1511 N. MISSION RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	HORTON, FRENCHIE
STREET ADDRESS	1511 N. MISSION RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	HORTON, KEN
STREET ADDRESS	1511 N. MISSION RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/07/04--01096--008 **150.00

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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: James Horton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____