

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90118 014 ***150.00

DOCUMENT # P02000081529

1. Entity Name
TALON MANAGEMENT, INC.



Principal Place of Business
**3898 TAMiami TRAIL NORTH
SUITE 202
NAPLES, FL 34103**

Mailing Address
**3898 TAMiami TRAIL NORTH
SUITE 202
NAPLES, FL 34103**

40072



2. Principal Place of Business

3. Mailing Address

6506 AUTUMN WOODS BLVD

6506 AUTUMN WOODS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252008

Chg-P

CR2E034 (11/05)

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

01-0706840

Applied For

Not Applicable

Zip

34109

Country

U.S.

Zip

34109

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANCOCK, TIMOTHY
3898 TAMiami TRAIL NORTH
SUITE 202
NAPLES, FL 34103**

**6506 AUTUMN WOODS
BLVD.
NAPLES, FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Tim Hancock

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

(NOTE: Registered Agent signature required when reinstating)

3/29/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HANCOCK, TIMOTHY	
STREET ADDRESS	3898 TAMiami TRAIL NORTH, SUITE 202	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6506 AUTUMN WOODS BLVD	
STREET ADDRESS	6506 AUTUMN WOODS BLVD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Tim Hancock

TIM HANCOCK

3/29/06

239-697-3916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #