

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90224 039 ***150.00

DOCUMENT # P03000152667

1. Entity Name

DON TALLEY TRUCKING, INC.



Principal Place of Business

**6320 FLOYD-JOHNSON ROAD
FORT PIERCE FL 34947
US**

Mailing Address

**6320 FLOYD-JOHNSON ROAD
FORT PIERCE FL 34947
US**

30020006



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0492033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ACCESS ACCOUNTING INC
432 SW LAKEHURST DR
PORT SAINT LUCIE FL 34983-2825**

7. Name and Address of New Registered Agent

Name **Christine Talley**
Street Address **6320 Floyd Johnson Rd.**
City **Fort Pierce** **FL** **34947**

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 **Christine Talley** **Christine Talley DIR/P, VP/S, T** **1-27-05**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	TALLEY, WILLIAM D SR	
STREET ADDRESS	6320 FLOYD-JOHNSON ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	P,VP	<input checked="" type="checkbox"/> Delete
NAME	TALLEY, WILLIAM D SR	
STREET ADDRESS	6320 FLOYD-JOHNSON ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	S, T	<input type="checkbox"/> Delete
NAME	TALLEY, CHRISTINE	
STREET ADDRESS	6320 FLOYD-JOHNSON ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34947	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Talley	
STREET ADDRESS	6320 Floyd Johnson Rd.	
CITY-ST-ZIP	Fort Pierce Fla. 34947	
TITLE	P,VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Talley	
STREET ADDRESS	6320 Floyd Johnson Rd.	
CITY-ST-ZIP	Fort Pierce Fla. 34947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: **Christine Talley** **Christine Talley** **1-27-05** **112-468-0839**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #