

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042096

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: TALQUIN TRACE TREES INC.

## Current Principal Place of Business:

13 TALQUIN TRACE LANE  
SOPCHOPPY, FL 32358

## New Principal Place of Business:

## Current Mailing Address:

13 TALQUIN TRACE LANE  
SOPCHOPPY, FL 32358

## New Mailing Address:

FEI Number: 20-4554069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOE, PATRICIA  
13 TALQUIN TRACE LANE  
SOPCHOPPY, FL 32358 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: FOE, PATRICIA  
Address: 13 TALQUIN TRACE LANE  
City-St-Zip: SOPCHOPPY, FL 32358

Title: VT ( ) Delete  
Name: GLOW, JOE D JR  
Address: 13 TALQUIN TRACE LANE  
City-St-Zip: SOPCHOPPY, FL 32358

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA FOE

P

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date