

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90005 030 ***558.75

DOCUMENT # P92000012056



1. Entity Name
 TALMAGE CONSTRUCTION, INC.

Principal Place of Business
 550 SW AIROSO BLVD
 PORT SAINT LUCIE FL 34983
 US

Mailing Address
 PO BOX 880157
 PORT SAINT LUCIE FL 34988
 US

44049521



MOORE CR2E034 (4/04)

2. Principal Place of Business
 990 S.W. Old Dixie Hwy. 990 S.W. Old Dixie Hwy.

City & State
 Vero Beach, Fla. Vero Beach, Fla.

Zip Country
 32962 USA 32962 USA

4. FEI Number 65-0375585 Applied For Not Applicable

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

TALMAGE, CARL
 550 SW AIROSO BLVD
 PORT SAINT LUCIE FL 34983
 New Address.

Name
 Street Address (P.O. Box Number is Not Acceptable)
 990 S.W. Old Dixie Hwy
 City Vero Beach, FL Zip Code 32962

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 | P | <input type="checkbox"/> Delete |
| NAME | TALMAGE, CARL DAVID | |
| STREET ADDRESS | 550 SW AIROSO BLVD | |
| CITY-ST-ZIP | PORT SAINT LUCIE FL 34983 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Carl David Talmage Date: 7-20-04 Daytime Phone #: 772-263-1238