

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

02-16-2006 90039 014 ***150.00

DOCUMENT # P94000080244 1. Entity Name TALON PROPERTIES, INC.					
Principal Place of Business 303 PIRATES BIGHT NAPLES FL 33940			Mailing Address P O BOX 413005 303 NAPLES FL 34101 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0538537	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONROY, J T III 975 6TH AVE SOUTH SUITE 101 NAPLES FL 33940			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LAFOND, FREDERICK		NAME		
STREET ADDRESS	P.O. BOX 413005, SUITE 303 N/A		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34101		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
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TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this filing, with all other like empowered.					
SIGNATURE _____			3-13-06 (239) 273-4449 Date Daytime Phone #		



ATTACHMENT

66006929

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

TALON PROPERTIES, INC.
P O BOX 413005
303
NAPLES, FL 34101 US

Subject: TALON PROPERTIES, INC.

Reference Number:

P94000080244

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION