## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P95000054724 TALLEY ENTERPRISES, INC. Principal Place of Business Mailing Address 900 N. 14TH ST P.O. BOX 490817 LEESBURG, FL 34748 US LEESBURG, FL 34749-0817 US 04092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3329090 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TALLEY, WILLIAM G JR. DO NOT WRITE 900 N. 14TH ST LEESBURG, FL 32748 IN THIS SPACE 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. Signature, typed is printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE (\$ \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TALLEY, WILLIAM G JR. U00000331027 04/25/05-80183-008 150.00 STREET ADDRESS 900 N. 14TH ST CITY-ST-ZIP LEESBURG, FL 34748 TITLE TALLEY, JACQUELINE V NAME STREET ADDRESS 900 N 14TH ST CITY-ST-ZIP LEESBURG, FL 34748 TITLE TALLEY, WILLIAM G III NAME STREET ADDRESS 900 N 14TH ST DO NOT WRITE CITY-ST-ZIP LEESBURG, FL 34748 TITLE IN THIS SPACE TALLEY, JOHN L NAME STREET ADDRESS 900 N 14TH ST LEESBURG, FL 34748 CITY-ST-ZIP TITLE D NAME TALLEY, BRONWYN T STREET ADDRESS 900 N 14TH ST LEESBURG, FL 34748 CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling 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 legat effect as if made under oath; that I am an officer or directly of the orporation or the federiver 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 changed, or on an attachment with an address, with all other like empowered.

11: Am G. TAIRELIJA

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

**FILED**