

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000054724**

1. Entity Name  
**TALLEY ENTERPRISES, INC.**



Principal Place of Business  
**900 N. 14TH ST  
LEESBURG, FL 34748 US**

Mailing Address  
**P.O. BOX 490817  
LEESBURG, FL 34749-0817 US**



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3329090**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TALLEY, WILLIAM G JR.  
900 N. 14TH ST  
LEESBURG, FL 32748**

**DO NOT WRITE  
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 2

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TALLEY, WILLIAM G JR.
STREET ADDRESS	900 N. 14TH ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	TALLEY, JACQUELINE V
STREET ADDRESS	900 N 14TH ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	TALLEY, WILLIAM G III
STREET ADDRESS	900 N 14TH ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	TALLEY, JOHN L
STREET ADDRESS	900 N 14TH ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	TALLEY, BRONWYN T
STREET ADDRESS	900 N 14TH ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000452357  
03/11/06-80022-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-25-06 362 781-4248**