


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000054944</b>	
1. Entity Name <b>TALBOTT &amp; COMPANY, INC.</b>	
	
Principal Place of Business	Mailing Address
140 N. FEDERAL HIGHWAY SUITE #200 BOCA RATON, FL 33432 US	140 N. FEDERAL HIGHWAY SUITE #200 BOCA RATON, FL 33432 US



**DO NOT WRITE IN THIS SPACE**

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0598360	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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

TALBOTT, GREGORY K  
140 N. FEDERAL HWY.  
SUITE 200  
BOCA RATON, FL 33432

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	TALBOTT, GREGORY K
STREET ADDRESS	140 N. FEDERAL HWY., STE. 200
CITY-ST-ZIP	BOCA RATON, FL 33432

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06/10/05-80007-014 558.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-2-05 (561) 392-8525