## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 07, 2006 8:00 am **Secretary of State** DOCUMENT # P95000071844 1. Entity Name 02-07-2006 90024 005 \*\*\*150.00 TALQUIN HOLDINGS, INC. Principal Place of Business Mailing Address 228 COE LANDING RD TALLAHASSEE FL 32310 228 COE LANDING RD TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3346233 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAYLOR-PHILLIP E---Street Address (P.O. Box Number is Not Acceptable) 216 NW DALTON GLEN LAKE CITY FL 32055 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 1-29-06 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITL F ☐ Change ☐ Addition ☐ Delete NAME FLETCHER, CRAIG A NAME STREET ADDRESS 228 COE LANDING ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32310 CITY-ST-ZIP VP Taylor, Phil 11675 Coe Springs Ridge Tallahassee, FL 32310 VΡ ☐ Delete NAME TAYLOR, PHIL STREET ADDRESS 216 NW DALTON GLEN STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32055 CITY-ST-ZIP -E Caleto IIILE \_ \_\_\_. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information expelled 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 fustee 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 expowered.

SIGNATURE:

**FILED**