

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 005 ***150.00

DOCUMENT # P95000071844

1. Entity Name

TALQUIN HOLDINGS, INC.



Principal Place of Business

228 COE LANDING RD
TALLAHASSEE FL 32310
US

Mailing Address

228 COE LANDING RD
TALLAHASSEE FL 32310
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3346233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, PHILLIP E
216 NW DALTON GLEN
LAKE CITY FL 32055

Name

Taylor, Phillip E.

Street Address (P.O. Box Number is Not Acceptable)

11675 Coe Springs Ridge

City

Tallahassee

FL

Zip Code

32310

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

Phillip E. Taylor

(NOTE: Registered Agent signature required when reinstating)

1-29-06

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FLETCHER, CRAIG A**
STREET ADDRESS **228 COE LANDING ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **VP** ☐ Delete
NAME **TAYLOR, PHIL**
STREET ADDRESS **216 NW DALTON GLEN**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **Taylor, Phil**
STREET ADDRESS **11675 Coe Springs Ridge**
CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

Craig A. Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-06

Date

(850) 201-8312

Daytime Phone #