

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90379 039 \*\*\*150.00

**DOCUMENT # P97000004856**

1. Entity Name  
**TALBOT FREEMAN & ASSOC., INC.**



Principal Place of Business Mailing Address  
**1600 SE 17TH STREET 1600 SE 17TH STREET**  
**403 403**  
**FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33316 US**

**14005012**



01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address  
**1900 SE 15TH STREET 1900 SE 15TH STREET**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**FORT LAUDERDALE FL FORT LAUDERDALE, FL**  
Zip Country Zip Country  
**33316 33316**

4. FEI Number Applied For  
**59-3428802** Not Applicable

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

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

**BOSSHARDT, KURT E ESQ**  
**ALLEY MAASS ROGERS & LINDSAY, PA**  
**1600 SE 17TH ST, STE 404**  
**FORT LAUDERDALE, FL 33316**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be**  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, TALBOT 2100 S OCEAN LANE STE 2112 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 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 information.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**TALBOT O. FREEMAN** 4/8/04 954-525-7696