2008 FOR PROFIT CORPORATION

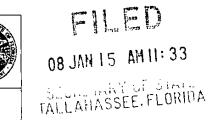
DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P97000056908 1. Entity Name TALQUIN TRIO, INC.

Principal Place of Business

1300 THOMASWOOD DR. TALLAHASSEE, FL 32308 Mailing Address

1300 THOMASWOOD DR. TALLAHASSEE, FL 32308





01082008

No Chg-P

CR2E034 (11/05)

Not Applicable

4. FEI Number 59-3464129

\$8.75 Additional Fee Required

250385 0070

5. Certificate of Status Desired

€.	Name	and Address	of Current Registered Agen	t

GARDNER, CHARLES R 1300 THOMASWOOD DR. TALLAHASSEE, FL 32308

SIGNATURE:

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									
	any state. Hyper or purice halfe or regratered agent and like t	(NOTE: Neglateret	s Ager t signature required when t	reinstaurig)	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 h						
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARDNER, CHARLES 1300 THOMASWOOD DR. TALLAHASSEE, FL 32308		01/23/0801012025 **150,00 DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARDNER, CHARLES R 1300 THOMASWOOD DR TALLAHASSEE, FL 32308								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHER, FRED 2450 BASS BAY DRIVE TALLAHASSEE, FL 32312	IN THIS SPACE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is five 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 trustage sproowered 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 additional statutes.									