2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000058755

1. Entity Name

TALCOR HOLDINGS, INC.



SECRETARY OF STATE

06 APR 25 PM 2: 46

Principal Place of Business

1018 THOMASVILLE ROAD

SUITE 200-A TALLAHASSEE, FL 32301 Mailing Address

1018 THOMASVILLE ROAD

SUITE 200-A

TALLAHASSEE, FL 32301



DO NOT WRITE IN THIS SPACE

04212006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3470855

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, E E JR. 1018 THOMASVILLE ROAD SUITE 200-A TALLAHASSEE, FL 32301

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	e named entity submits this statement for the pations of registered agent.	ourpose of char	iging its registere	ed office or r	egistered agent, or	both, in the State of Floric	a. I am familiar with, and acc	ept
SIGNATURE.			<u>. </u>					
	Signature, typed or printed name of registered agent and title	d applicable.	(NOTE: Registered	1 Agent signature	required when reinstæing)	<u> </u>	DATE	
	E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00		Campaign Finan nd Contribution.	icing	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS						3 70 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1.68
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, E E JR 1018 THOMASVILLE ROAD, SUITE 2 TALLAHASSEE, FL 32301	00-A						
TITLE NAME	D JACKSON, RICHARD R							

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CITY-ST-ZIP
TALLAHASSEE, FL 32301

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JACKSON, RICHARD R
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12. Thereby 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 on 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addies. Who all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/06

8.50-224-2300

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E. Edward Morray, JR