

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000079107

1. Entity Name
TALT CORPORATION



Principal Place of Business

6785 NW 17TH AVENUE
FORT LAUDERDALE, FL 33309

Mailing Address

6785 NW 17TH AVENUE
FORT LAUDERDALE, FL 33309



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0791164
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUTT, WALTER
6785 NW 17TH AVENUE
FORT LAUDERDALE, FL 33309

**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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHUTT, WALTER
STREET ADDRESS 5131-4 SABAL GARDENS LN
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VP
NAME SHUTT, WINSTON
STREET ADDRESS 5550 RICO DR
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VP
NAME SHUTT, RICHARD
STREET ADDRESS 5271 NE 26TH AVE
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

Walter Shutt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/08

Daytime Phone #

954 973 1260