

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000096240

Entity Name

TECH TALK, INC.



Principal Place of Business

**CYPRUS SPRINGS ROAD
ORANGE PARK FL 32073**

Mailing Address

**2414 CYPRUS SPRINGS ROAD
ORANGE PARK FL 32073**



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3481784

Applied For
Not Applicable

Country

Zip

Country

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

**RICHARD, MAY
2418 CYPRESS SPRINGS RD.
ORANGE PARK FL 32073**

Name

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

City

FL

Zip Code

I, 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, 2006 Fee Will Be \$550.00
Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 1
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete
D
JACKMORE, WILLIAM
2326 COVINGTON CREEK CIRCLE WEST
JACKSONVILLE FL 32224

☐ Change ☐ Add
000000396885
01/30/06-80027-011 150.00

☐ Delete
PD
MATHEWS, JON F
2414 CYPRUS SPRINGS ROAD
ORANGE PARK FL 32073

☐ Change ☐ Add
000000396885
01/30/06-80027-011 150.00

☐ Delete

☐ Change ☐ Add

☐ Delete

☐ Change ☐ Add

☐ Delete

☐ Change ☐ Add

☐ Delete

☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon F Mathews

1-20-06 904-278-011