


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000024916</b>	
1. Entity Name <b>TALENTS INVESTMENTS, INC.</b>	

Principal Place of Business 2100 NW 21ST ST. GAINESVILLE, FL 32605	Mailing Address 2100 NW 21ST ST. GAINESVILLE, FL 32605
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**DO NOT WRITE IN THIS SPACE**



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3501060</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

WRIGHT, THOMAS A  
2100 NW 21ST ST.  
GAINESVILLE, FL 32605

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, THOMAS A 2100 NW 21ST ST. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, OSCAR 1130 NE 16TH AVE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUMMINGS, EDDIE 3415 SE 17TH AVE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TILLMAN, MARISA 720 NW 3RD STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, JAMES L 6705 83RD TERRACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRINGFELLOW, HART 1515 NW 18TH ST. GAINESVILLE, FL 32605

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

SIGNATURE: *James L. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 (352) 371-3951  
Date Daytime Phone #