

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000024916**

1. Entity Name  
**TALENTS INVESTMENTS, INC.**



Principal Place of Business  
**2100 NW 21ST ST.  
GAINESVILLE, FL 32605**

Mailing Address  
**2100 NW 21ST ST.  
GAINESVILLE, FL 32605**



03282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WRIGHT, THOMAS A
STREET ADDRESS	2100 NW 21ST ST.
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	V
NAME	HARRIS, OSCAR
STREET ADDRESS	1130 NE 16TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32601

TITLE	V
NAME	CUMMINGS, EDDIE
STREET ADDRESS	3415 SE 17TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32641

TITLE	S
NAME	TILLMAN, MARISA
STREET ADDRESS	720 NW 3RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601

TITLE	T
NAME	WHITE, JAMES L
STREET ADDRESS	6705 83RD TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	V
NAME	STRINGFELLOW, HART
STREET ADDRESS	1515 NW 18TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32605

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04/25/07-80013-012 158.75

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/07 (352) 258-6218**  
Date Daytime Phone #