

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088045

Entity Name: TALON INDUSTRIES INC.

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

2300 DESTINY WAY,
SUITE 2-6
ODESSA, FL 33556

New Principal Place of Business:

2300 DESTINY WAY,
SUITE 3-6
ODESSA, FL 33556

Current Mailing Address:

2300 DESTINY WAY,
SUITE 2-6
ODESSA, FL 33556

New Mailing Address:

2300 DESTINY WAY,
SUITE 3-6
ODESSA, FL 33556

FEI Number: 59-3607196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOHMANN, CARMEL J
2300 DESTINY WAY
SUITE 4
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLEIN-HOHMANN, CARMEL J
Address: 2229 PLEASANT HILL LANE
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: BELL, MICHAEL
Address: 21526 NORTHWOOD AVE.
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: ROBER, BRIAN J
Address: 6410 PINE TOP WAY
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: KLEIN, JOHN T
Address: 22832 RICHARDSON LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: ROBER, JEANETTE
Address: 6410 PINE TOP WAY
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEL J HOHMANN

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date