


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90014 041 ***150.00

DOCUMENT # V47216	
1. Entity Name TALQUIN FABRICATIONS, INC.	

Principal Place of Business 4721 CAPITAL CIRCLE SW TALLAHASSEE, FL 32305 US	Mailing Address 4721 CAPITAL CIRCLE SW TALLAHASSEE, FL 32305 US
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54016510



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3130393		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MORRIS DAVIS 187 MOODY DRIVE HAVANA, FL 32333		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS DAVIS 187 MOODY LANE HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATRICIA DAVIS 187 MOODY LANE HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Morris Davis **3/9/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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Business Entity Name

TALQUIN FABRICATIONS, INC.

FEI Number

593130393

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No**Principal Place of Business**

Address

4721 CAPITAL CIRCLE SW

Suite, Apt. #, etc.

City, State

TALLAHASSEE**FL**

Zip Code & Country

32305**US****Mailing Address**

Address

4721 CAPITAL CIRCLE SW

Suite, Apt. #, etc.

City, State

TALLAHASSEE**FL**

Zip Code & Country

32305**US****Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

MORRIS DAVIS

-or- RA Business Name

MORRIS DAVIS

Address

187 MOODY DRIVE

Suite, Apt. #, etc.

City, State

HAVANA**FL**

Zip Code & Country

32333**US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Attachments
047216

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Affidavit 04726

54016570

City, State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title Officer/Director Signature [Sunbiz Home Page](#)[Public Access Help](#)

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Business Entity Name

TALQUIN FABRICATIONS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

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Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
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