

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291232

FILED  
Apr 02, 2011  
Secretary of State

**Entity Name:** TALISMAN ESTATES, INC.

**Current Principal Place of Business:**

35247 REYNOLDS AVE  
DADE CITY, FL 335238659

**New Principal Place of Business:**

**Current Mailing Address:**

35247 REYNOLDS AVE  
DADE CITY, FL 335238659

**New Mailing Address:**

FEI Number: 59-1096484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAUMER, FRANK J  
35247 REYNOLDS AVE  
DADE CITY, FL 33523 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: LAUMER, FRANK J  
Address: 35247 REYNOLDS AVE  
City-St-Zip: DADE CITY, FL 33523

Title: SD  
Name: LAUMER, DALE A  
Address: 35247 REYNOLDS AVE  
City-St-Zip: DADE CITY, FL 33523

Title: VD  
Name: LAUMER, AMIE  
Address: 35247 REYNOLDS AVE  
City-St-Zip: DADE CITY, FL 33523

I hereby 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 all other like empowered.

SIGNATURE: FRANK J. LAUMER

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04/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date