


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90178 046 \*\*\*150.00

**DOCUMENT # G44456**  
 1. Entity Name  
**TALKBOX COMMUNICATIONS, INC.**



Principal Place of Business  
~~17049 FALKIRK AVENUE~~  
 PORT CHARLOTTE FL 33954

Mailing Address  
**PO BOX 381083**  
~~17049 FALKIRK AVENUE~~  
 PORT CHARLOTTE FL ~~33954~~  
**33938-1083**



2. Principal Place of Business  
**19800 Veterans Blvd Unit B4**

3. Mailing Address  
**PO BOX 381083**

Suite, Apt. #, etc.  
**Unit B 4**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State  
**Port Charlotte FL**

City & State  
**Port Charlotte FLA**

Zip  
**33954**

Country  
**USA**

Zip  
**33938-1083**

Country  
**USA**

4. FEI Number  
**59-2373305**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COWELL, WILLIAM P**  
~~17049 FALKIRK AVENUE~~  
 PORT CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

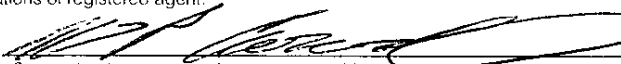
Name  
**COWELL WILLIAM P**

Street Address (P.O. Box Number is Not Acceptable)  
**19800 Veterans Blvd Unit B4**

City  
**Port Charlotte FL**

Zip Code  
**33954**

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 **2/24/06**

Signature, typed or printed name of registered agent and title (optional) (NOTE: Registered Agent signature required when no principal)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PDT COWELL, WILLIAM P 17049 FALKIRK AVENUE PORT CHARLOTTE FL 33954	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **PRESIDENT** 2/24/06 941 627 5591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #