

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90003 004 \*\*\*150.00

**DOCUMENT # F03000002568**  
 1. Entity Name  
**HALLMARK SHUTTERS, INC.**



Principal Place of Business: **4400 NORTHWEST 19TH AVENUE BAY J POMPANO BEACH FL 33064**  
 Mailing Address: **2314 CRAGMORE ROAD WINSTON-SALEM NC 27107**

**JYU1JJ47**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **2675 Cragmore Court**  
 Suite, Apt. #, etc.

City & State: **Winston-Salem NC**

4. FEI Number: **56-2183441**  
 Applied For:  Not Applicable

Zip: **27107** Country: **USA**

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

6. Name and Address of Current Registered Agent  
**DIZENZO, FRANK**  
**4400 NORTHWEST 19TH AVENUE BAY J**  
**POMPANO BEACH FL 33064**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	P	<input type="checkbox"/> Delete
NAME	DIZENZO, FRANK	
STREET ADDRESS	4400 NORTHWEST 19TH AVENUE BAY J	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOFORTH, JOHN L JR	
STREET ADDRESS	5033 HAMMOND ST.	
CITY-ST-ZIP	KERNERSVILLE NC 27284	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAIKIN, BERNIE	
STREET ADDRESS	1098 SOUTH MILITARY TRAIL	
CITY-ST-ZIP	DEERFILED BEACH FL 33442	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOFORTH, JOHN L JR	
STREET ADDRESS	5033 HAMMOND ST.	
CITY-ST-ZIP	KERNERSVILLE NC 27284	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2675 Cragmore Court	
CITY-ST-ZIP	Winston-Salem NC 27107	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaikan, Bernard	
STREET ADDRESS	5663A Fox Hollow Drive	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2675 Cragmore Court	
CITY-ST-ZIP	Winston-Salem, NC 27107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John L. Goforth Jr.* **John L. Goforth Jr.** **3/1/04** **336-784-7115**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #