2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State
03-07-2008 90029 032 ***150.00

DOCUMENT # J32125

1. Entity Name
HALLMARK MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
13902 N. DALE MABRY SUITE 212 TAMPA, FL 33618 US	13902 N. DALE MABRY SUITE 212 TAMPA, FL 33618 US

02132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2714660 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALL, KAY S ~~5646 GLENCREST BLVD.~~ ~~TAMPA, FL 33625~~ 4828 SKY BLUE DR LUTZ, FL 33558	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALL, KAY S ~~14849 WEDGEWOOD DR~~ ~~TAMPA, FL 33613~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALL, KAY S. 4828 SKY BLUE DR LUTZ, FL 33558	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HALL, BARBARA F 1607 S ALEXANDER ST STE 103 PLANT CITY, FL 33563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HALL, BARBARA F. 1501 S. ALEXANDER STREET STE 103 PLANT CITY FL 33563	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JENKINS, RICK A 13902 N. DALE MABRY, #212 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUNCAN, TERRY M. 1433 LANIER LANE LAKELAND, FL 33810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHARACTER, LILLIAN J 3838 SOUTH FLORIDA AVE. #1 LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHARACTER, LILLIAN J. 1446 COVEY CIR. NORTH LAKELAND, FL 33809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WOLFE, JEFFREY A 16407 N.W. 174TH DRIVE STE C ALACHUA, FL 32614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCCARTNY, DALE C. 1722 ENSENADO UNO PENSACOLA BEACH, FL 32561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOORE, SEAN M 1900 DR.M.L.KING JR. STREET NORTH ST. PETERSBURG, FL 33704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GAMBONE, JOSEPH W. 605 LITHIA/PINECREST ROAD BRANDON, FL 33511	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kay Hall KAY S. HALL 2-13-2008 8139632672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #