## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # 503024**



HALLMARK CUSTOM BUILDERS, INC.					01-08-2007 90252 040 ***158.75					
Principal Place of Business  83 CORNELIUS BLVD PORT CHARLOTTE, FL 33953 US  Mailing Address PO BOX 7676 N. PORT, FL 34287 US					4 (20) 21 20) 1	BI S HIN SENS HEN SIESEN		SIEM SIEM PIE	1150L (I 106(	
Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007 Chg-P CR2E034			1 (12/06)	(12/06)	
City & State		City & State			4. FEI Number 59-1677907			Applied For Not Applicable		
Zip	Country	Zip	Counti	ry		f Status Desired	Fe Fe	8.75 Add se Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
MALINOSKI, JAMES 20121 MOUNT PROSPECT PORT CHRLOTTE, FL 33954				Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					
8. The above na the obligation	amed entity submits this statement for is of registered agent.	r the purpose of changing its	registere	d office or register	ed agent, or both	, in the State of Flo	vrida. I am fa	niliar with,	and accept	
SIGNATURE										
, sag	nature, typed or printed name of registered agent a	яла ше и аррасионо. (NO II	E: Hegistared	Agont signature required	when reinstating)		DATE		_ <del>.</del>	
	NOWIII FEE IS \$150.00 1, 2007 Fee will be \$550.0	9. Election Campai Trust Fund Conti		+	00 May Be ed to Fees					
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/C	HANGES TO OFF	ICERS AND D	RECTOR	S IN 11	
NAME N STREET ADDRESS 2:	PRE MALINOSKI, JAMES 0121 MT. PROSPSECT ST. PORT CHARLOTTE, FL 33954	☐ Delete		T ADDRESS ST-ZIP			(	T Change	☐ Addition	
NAME N STREET ADDRESS 5	P MALINKOSKI, FRED NEWTON ROAD VAYNE, NJ 07470	☐ Delete		T ADDRESS ST-ZIP			[	Change	Addition	
NAME N STREET ADDRESS 1	SEC MALINOSKI, MIKE 1326 PEPPER ROAD PUNTA GORDA, FL 33955	Delcte				Prospect		•	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				,	) , , ,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	9	T ADDRESS ST-ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADORESS ST-ZIP			(	☐ Change	Addition	

Interest certify that the information supplied with this filling 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 fustee 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.

CNATURE:

SIGNATURE:

SAMES MALINOSKI, PRESIDENT

JAN. 4, 2007