2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 503024

1. Entity Name

HALLMARK CUSTOM BUILDERS, INC.



Principal Place of Business

Mailing Address

83 CORNELIUS BLVD

PORT CHARLOTTE, FL 33953 US

PO BOX 7676

N. PORT, FL 34297

US

FILED Jan 30, 2008 8:00 am Secretary of State

01-30-2008 90039 013 ***158.75

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01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1677907 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MALINOSKI, JAMES 20121 MOUNT PROSPECT PORT CHRLOTTE, FL 33954 CHARLOTTE

DO NOT WRITE IN THIS SPACE

		!				
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or both	h, in the State of Florida. I am familiar with, and accep	
SIGNATURE_	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE MALINOSKI, JAMES 20121 MT. PROSPSECT ST. PORT CHARLOTTE, FL 33954	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME MALINKOSKI, FRED MALINOSKI, FRED STREET ADDRESS: 5 NEWTON ROAD					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby 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 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 any address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

PRESIDENT MALINOSKI