

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000005711**

1. Entity Name

**HALLMARK GROUP REAL ESTATE SERVICES CORP.**



Principal Place of Business

**3111 PACES MILL ROAD  
SUITE A250  
ATLANTA GA 30339**

Mailing Address

**3111 PACES MILL ROAD  
SUITE A250  
ATLANTA GA 30339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **58-1531240**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, SUSAN  
HALLMARK MANAGEMENT, INC.  
4040 NEWBERRY RD., STE 1000  
GAINESVILLE FL 32607**

Name

Street Address

City

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office. I, the undersigned, 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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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	PETERSEN, MARTIN H	
STREET ADDRESS	3111 PACES MILL ROAD, SUITE A-250	
CITY- ST- ZIP	ATLANTA GA 30339	
TITLE	V	<input type="checkbox"/> Delete
NAME	PENCE, JOHN D	
STREET ADDRESS	3111 PACES MILL ROAD, SUITE A-250	
CITY- ST- ZIP	ATLANTA GA 30339	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASEY, SANDRA P	
STREET ADDRESS	3111 PACES MILL ROAD, SUITE A-250	
CITY- ST- ZIP	ATLANTA GA 30339	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000220217  
02/08/05-80060-017 158.75

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #