

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G36737

FILED
Apr 28, 2005
Secretary of State

Entity Name: HALLMARK VINYL IMPROVEMENT COMPANY

Current Principal Place of Business:

1889 NW 22 STREET
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1889 NW 22 ST.
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 59-2332264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDEN MARY J
1889 NW 22 ST
POMPANO BCH., FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MADDEN, MARY J,
Address: 1889 NW 22 ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD () Delete
Name: MADDEN, MARK J,
Address: 1889 NW 22 ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD () Delete
Name: PACE, LISA A.
Address: 1889 NW 22 ST
City-St-Zip: POMPANO BCH., FL 33069

Title: TD () Delete
Name: MADDEN, SHEILA M
Address: 1889 NW 22 STREET
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PACE, LISA A
Address: 1889 NW 22 ST
City-St-Zip: POMPANO BCH., FL 33069

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA M. MADDEN

TD

04/28/2005

Electronic Signature of Signing Officer or Director

Date