

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 13902 N. DALE MABRY SUITE 212 TAMPA, FL 33618 US			Mailing Address 13902 N. DALE MABRY SUITE 212 TAMPA, FL 33618 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2714660	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, KAY S 5646 GLENCREST BLVD. TAMPA, FL 33625			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$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 14840 WEDGEWOOD DR TAMPA, FL 33613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, BARBARA F 1607 S ALEXANDER ST STE 103 PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, RICK A 13902 N. DALE MABRY, #212 TAMPA, FL 33618	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARACTER, LILLIAN J 3838 SOUTH FLORIDA AVE. #1 LAKE LAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLFE, JEFFREY A 16407 N.W. 174TH DRIVE STE C ALACHUA, FL 32614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, SEAN M 1900 DR.M.L.KING JR. STREET NORTH ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, KAY S. 4828 SKY BLUE DR LUTZ, FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, BARBARA F. 1501 S. ALEXANDER STREET STE 103 PLANT CITY FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNCAN, TERRY M. 1433 LANIER LAKE LAKE LAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARACTER, LILLIAN J. 1446 COVEY CIR. NORTH LAKE LAND, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MECARTHY, DALE C. 1722 ENSENADO UNO PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAMBONE, JOSEPH W. 605 LITHIA/PINECREST ROAD BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Kay Hall</u> <u>KAY S. HALL</u> <u>2-13-2008</u> <u>8139632672</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					