

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08287

FILED
Apr 19, 2007
Secretary of State

Entity Name: HALLMARK NAMEPLATE, INC.

Current Principal Place of Business:

% DANIEL FORTUNA
1717 E LINCOLN AVE.
MOUNT DORA, FL 32757

New Principal Place of Business:

1717 E LINCOLN AVE
MOUNT DORA, FL 32757

Current Mailing Address:

% DANIEL FORTUNA
1717 E LINCOLN AVE.
MOUNT DORA, FL 32757

New Mailing Address:

1717 E LINCOLN AVE
MOUNT DORA, FL 32757

FEI Number: 59-2863909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STURA, GARY A.
1717 E. LINCOLN AVE
MOUNT DORA, FL 32757 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: CEOC () Delete
Name: FORTUNA, DANIEL,
Address: 38 SEDGEWICK
City-St-Zip: N. SCITUATE, MA

Title: P () Delete
Name: STURA, GARY A.,
Address: 38425 TIMBERLANE DR
City-St-Zip: UMATILLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: GARY A. STURA

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date