2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000072192

1. Entity Name
HALLMARK-STILES VENTURES, INC.

Principal Place of Business	Mailing Address
6675 CORPORATE PKWY SUITE 100 JACKSONVILLE, FL 32216	6675 CORPORATE PKWY SUITE 100 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3665243
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, KARL B JR.
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONN, JEFFREY
STREET ADDRESS	6675 CORPORATE CENTER PKWY, STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	COLEY, W. ALEX
STREET ADDRESS	6675 CORPORATE CENTER PKWY, STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	STILES, TERRY W
STREET ADDRESS	6440 N. ANDREWS AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 333092114
TITLE	D
NAME	STINE, JAMES W
STREET ADDRESS	6440 N. ANDREWS AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 333092114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000710662
04/25/07-80052-011 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #