
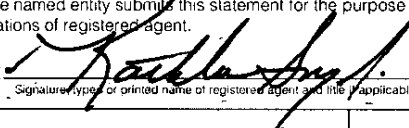
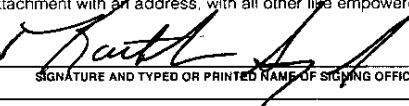


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90017 025 ***550.00

DOCUMENT # P01000070346 1. Entity Name HALLMARK LEASING, INC.					
Principal Place of Business 2800 WESTON ROAD SUITE 201 WESTON, FL 33331			Mailing Address 2800 WESTON ROAD SUITE 201 WESTON, FL 33331		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 57 NW US Hwy. 19 Suite Apt. #, etc.		
City & State Crystal River, FL			4. FEI Number 59-3731005		Applied For Not Applicable
Zip 34428	Country	Zip 34428	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGEL, ANDREW 2800 WESTON ROAD SUITE 201 WESTON, FL 33331			7. Name and Address of New Registered Agent Name KATHLEEN SNYDER Street Address (P.O. Box Number is Not Acceptable) 57 NW US Hwy. 19 City Crystal River FL Zip Code 34428		
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: 7-15-05					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	D BAILEY, JOHN 11550 SW 25TH STREET DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nedra Gann 166 SE St. Lucie Blvd., Unit 405D Stuart, FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, PAM 1680 SW CROSSING CIRCLE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Kathleen Snyder 57 NW US Hwy. 19 Crystal River, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: 7-20-05 Daytime Phone: #		

50056876



07142005 Chg-P CR2E034 (10/03)