

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119415

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** HALLMARK PORTABLE BUILDINGS, INC.

**Current Principal Place of Business:**

C/O JACKY GRANT  
2843 HWY 90  
PONCE DE LEON, FL 32455

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JACKY GRANT  
P.O. BOX 337  
PONCE DE LEON, FL 32455

**New Mailing Address:**

**FEI Number:** 30-0046672      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANT, JACKY  
2841 HWY 90  
PONCE DE LEON, FL 32455      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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRANT, JACKY L  
Address: PO BOX 337  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D  
Name: GRANT, MARGARET T  
Address: PO BOX 337  
City-St-Zip: PONCE DE LEON, FL 32455

I hereby 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 all other like empowered.

SIGNATURE: JACKY GRANT

PD

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date