2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State
06-07-2004 90005 025 ***150.00

DOCUMENT # P03000101907

1. Entity Name
HALLMARK TREASURE COAST BUILDERS, INC.

Principal Place of Business	Mailing Address
4102 SW BAIRD ST PORT ST LUCIE, FL 34953	4102 SW BAIRD ST PORT ST LUCIE, FL 34953

06022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4102 SW Baird St	4102 SW Baird St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt. St. Lucie, FL	City & State: Pt St Lucie, FL
Zip: 34953 Country: USA	Zip: 34953 Country: USA

4. FEI Number: EIN 30-0202079 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAUDELL, PAMELA S 4102 SW BAIRD ST PORT ST LUCIE, FL 34953 ← Change To →	Name: Caudell, Ronald W Street Address (P.O. Box Number is Not Acceptable): 4102 SW Baird St City: Pt St Lucie FL Zip Code: 34953

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: Pamela S Caudell DATE: 06-01-04
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 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAUDELL, PAMELA S 4102 SW BAIRD ST PORT ST LUCIE, FL 34953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOY, CHRISTOPHER N 4862 IRRINGTON TERRACE PORT ST LUCIE, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Pamela S Caudell Pamela S Caudell 06-01-04 772 3445917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #