2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State
04-05-2007 90147 040 ***150.00

DOCUMENT # P03000101907

1. Entity Name
HALLMARK TREASURE COAST BUILDERS, INC.

4UU31U11

Principal Place of Business	Mailing Address
4101 SW TUMBLE ST PORT ST LUCIE, FL 34953	~~4102~~ SW TUMBLE ST PORT ST LUCIE, FL 34953

04032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4101 SW Tumble ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Port St Lucie, FL
Zip / Country	Zip: 34953 / Country: St Lucie

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

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

6. Name and Address of Current Registered Agent

CAUDELL, RONALD W
4102 SW TUMBLE ST
PORT ST LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name: CAUDELL, RONALD W
Street Address (P.O. Box Number is Not Acceptable): 4101 SW Tumble ST
City: Port 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: [signature] DATE: 4-2-07

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAUDELL, RONALD W 4102 SW TUMBLE ST PORT ST LUCIE, FL 34953	☐ Delete	PST CAUDELL, RONALD W 4101 SW TUMBLE ST PORT ST LUCIE, FL 34953	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOY, CHRISTOPHER N 4862 IRRINGTON TERRACE PORT ST LUCIE, FL 34983	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] 4-2-07

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