


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000016122	
1. Entity Name HALLMARK TRUCKING, INC.	

Principal Place of Business 379 E NORTH SHORE DR NORTH FORT MYERS, FL 33917	Mailing Address 379 E NORTH SHORE DR NORTH FORT MYERS, FL 33917
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DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0135194	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HALL, MARY A
379 E NORTH SHORE DR
NORTH FORT MYERS, FL 33917

**DO NOT WRITE
IN THIS SPACE**

6. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HALL, MARY A
STREET ADDRESS	379 E NORTH SHORE DR
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	DV
NAME	HALL, JOHN R
STREET ADDRESS	379 E NORTH SHORE DR
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000454973
03/15/06-80037-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Mary Ann Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Hall

2/28/06

DATE

239-652-0005

Daytime Phone #