

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90039 009 \*\*\*158.75

|                                                                     |  |                                                                                   |
|---------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000004186</b>                                      |  |  |
| 1. Entity Name<br><b>HALLMARK BUSINESS CONSULTANTS INCORPORATED</b> |  |                                                                                   |

|                                                                                |                                                                   |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>2104 NW 22ND AVE<br>#118<br>STUART, FL 34994 US | Mailing Address<br>2104 NW 22ND AVE<br>118<br>STUART, FL 34994 US |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------|

**34003189**



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| 2. Principal Place of Business<br><b>51 Westview Lane</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>51 Westview Lane</b><br>Suite, Apt. #, etc. |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

01312004 Chg-P CR2E034 (10/03)

|                                       |                                        |
|---------------------------------------|----------------------------------------|
| City & State<br><b>Cocoa Beach FL</b> | City & State<br><b>Cocoa Beach, FL</b> |
| Zip<br><b>32931</b>                   | Country<br><b>Broward</b>              |
| Zip<br><b>32931</b>                   | Country<br><b>Broward</b>              |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0461737</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                      |                                       |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|----------------------------------------------------------------------|---------------------------------------|

|                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>HALL, LAUREN</b><br><b>2104 NW 22ND AVE</b><br><b>#118</b><br><b>STUART, FL 34994</b> |  |
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|                                                                                                                                                                                                             |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Same</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>51 Westview Lane</b><br>City <b>Cocoa Beach</b> <b>FL</b> Zip Code <b>32931</b> |  |
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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 \_\_\_\_\_

|                                                                                     |                                                                                                                        |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                        |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HALL, LAUREN A<br>2104 NW 22ND AVE, #118<br>STUART, FL 34994 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>51 Westview Lane</b><br><b>Cocoa Beach FL 32931</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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: **Lauren A. Hall** **Lauren A. Hall** **1-31-04** **321-799-3724**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #