


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000088083</b> 1. Entity Name HALLSTROM PROPERTIES, INC.	
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Principal Place of Business 3603 JUAN ORTIZ CIR FORT PIERCE, FL 34947 US	Mailing Address 3603 JUAN ORTIZ CIR FORT PIERCE, FL 34947 US
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0546921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  TREFELNER, CYNTHIA H 3603 JUAN ORTIZ CIR FORT PIERCE, FL 34947
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**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RADEBAUGH, DIANNE 1495 ARDEN DR LINCOLNTON, NC 28092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FLESCHE, GAIL H 6205 S. CHANNEL DR. HARSENS ISLAND, MI 48028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TREFELNER, CYNTHIA H 3603 JUAN ORTIZ CIR FORT PIERCE, FL 34947
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01/15/04-80053-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Cynthia H. Trefelner* 1/10/04 (772) 461-1626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #