2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000088083

1. Entity Name
HALLSTROM PROPERTIES, INC.

Principal Place of Business	Mailing Address
3603 JUAN ORTIZ CIR	3603 JUAN ORTIZ CIR
FORT PIERCE, FL 34947 US	FORT PIERCE, FL 34947 US

40000473

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0546921	Not Applicable

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

6. Name and Address of Current Registered Agent

TREFELNER, CYNTHIA H
3603 JUAN ORTIZ CIR
FORT PIERCE, FL 34947

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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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

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

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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: 1/5/05   772-461-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #