


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

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



01152007 No Chg-P CR2E034 (11/05)

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 FLESCH, GAIL H 8805 S INDIAN RIVER DR FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TREFELNER, CYNTHIA H 3603 JUAN ORTIZ CIR FORT PIERCE, FL 34947
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01/19/07-80024-017 50.00

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: Cynthia H Trefelner 1/15/07 772-971-1134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #