2004 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000005586

1. Entity Name
HALLMARK INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1020 E LAFAYETTE ST SUITE #205 TALLAHASSEE, FL 32301 US	1020 E LAFAYETTE ST SUITE #205 TALLAHASSEE, FL 32301 US

DO NOT WRITE IN THIS SPACE

04122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3358261	Not Applicable

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

6. Name and Address of Current Registered Agent

HALLMARK, CLARENCE E II
1020 E LAFAYETTE ST
#205
TALLAHASSEE, FL 32301

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 _Clarence E Hallmark_

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

DATE _4-13/04_

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

U00000112739
04/14/04-80034-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HALLMARK, CLARENCE E II
STREET ADDRESS	2940 TEWESBURY TRACE
CITY-ST-ZIP	TALLAHSSEE, FL 32309
TITLE	T
NAME	HALLMARK, ELIZABETH N
STREET ADDRESS	2940 TEWESBURY TRACE
CITY-ST-ZIP	TALLAHSSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Clarence E Hallmark_   _4-13-04_   _942-1226_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #