

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90004 015 ***150.00

DOCUMENT # S39808

1. Entity Name
HALLMARK HOMES, INC.



Principal Place of Business
8130 BAYMEADOWS CIR. WEST
107
JAX, FL 32256 US

Mailing Address
8130 BAYMEADOWS CIR. WEST
107
JAX, FL 32256 US

54008986



DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3057110

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEED, JOSEPH D. III
8001 PHILLIPS HWY 8130 Baymeadows Cir. West
107
JAX, FL 32256

**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 *Joseph D. Weed, III*
Signature, typed or printed name of registered agent and title if applicable.

JOSEPH D. WEED, III

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD
NAME	WEED, JOSEPH D. III
STREET ADDRESS	8001 PHILLIPS HWY STE 17 8130 Baymeadows Cir W
CITY-ST-ZIP	JAX, FL # 107
TITLE	V
NAME	BROOKS, KATHLEEN W.
STREET ADDRESS	8001 PHILLIPS HWY #17 8130 Baymeadows Cir. W,
CITY-ST-ZIP	JACKSONVILLE, FL # 107
TITLE	STD
NAME	JORDAN, MARY I.
STREET ADDRESS	8001 PHILLIPS HWY #17 8130 Baymeadows Cir W,
CITY-ST-ZIP	JAX, FL # 107
TITLE	T
NAME	SHELTON, MARIAN F
STREET ADDRESS	8001 PHILLIPS HWY #17 8130 Baymeadows Cir W,
CITY-ST-ZIP	JACKSONVILLE, FL 32256 # 107
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: *Joseph D. Weed, III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH D. WEED, III

(904) 737-1280