

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # S39808

1. Entity Name
HALLMARK HOMES, INC.



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

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



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
8130 BAYMEADOWS CIRCLE WEST
107
JACKSONVILLE, 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 _____

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, 2006 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 8130 BAYMEADOWS CIRCLE WEST, #107
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE V
NAME BROOKS, KATHLEEN W.
STREET ADDRESS 8130 BAYMEADOWS CIRCLE WEST, #107
CITY-ST-ZIP JACKSONVILLE, FL

TITLE STD
NAME JORDAN, MARY I.
STREET ADDRESS 8130 BAYMEADOWS CIRCLE WEST, #107
CITY-ST-ZIP JAX, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000529337
05/05/06-80072-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

904-737-1280

Daytime Phone #