

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48711

FILED
Apr 07, 2004
Secretary of State

Entity Name: HALLMARK CONSTRUCTION MANAGEMENT, INC.

Current Principal Place of Business:

76 S. LAURA ST.
SUITE 1700
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

328 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

424 S 3RD ST
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

328 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-3131784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWE, ANDREW M
76 S. LAURA ST. SUITE 1700
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

HOWE, ANDREW M
328 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

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.

SIGNATURE:

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C (X) Delete
Name: MANNA, ANTHONY
Address: 75 E MARKET STREET
City-St-Zip: AKRON, OH 44308

Title: PD () Delete
Name: HOWE, ANDREW M
Address: 76 S. LAURA ST. SUITE 1700
City-St-Zip: JACKSONVILLE, FL 32202

Title: ST () Delete
Name: WALKO, LEE S
Address: 75 E MARKET STREET
City-St-Zip: AKRON, OH 44308

Title: VP () Delete
Name: RICHART, J CULLEN
Address: 76 S. LAURA ST. SUITE 1700
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW M. HOWE

PD

04/07/2004

Electronic Signature of Signing Officer or Director

Date