

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000034149**

1. Entity Name  
**CORNERSTONE ELECTRICAL SYSTEMS, INC.**



Principal Place of Business  
**2499 OLD LAKE MARY ROAD**  
**SUITE 128**  
**SANFORD, FL 32771**

Mailing Address  
**2499 OLD LAKE MARY ROAD**  
**SUITE 128**  
**SANFORD, FL 32771**



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **11-3683676** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BYERTS, DEAN D**  
**118 S. JESSAMINE AVE**  
**SANFORD, FL 32771**

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

**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	P
NAME	BYERTS, DEAN D
STREET ADDRESS	118 S. JESSAMINE AVE
CITY- ST- ZIP	SANFORD, FL 32771
TITLE	VP
NAME	JACKSON, MICHAEL D
STREET ADDRESS	116 ROCKHILL DR
CITY- ST- ZIP	SANFORD, FL 32771
TITLE	S
NAME	JACKSON, LISA
STREET ADDRESS	116 ROCKHILL DR
CITY- ST- ZIP	SANFORD, FL 32771
TITLE	T
NAME	BYERTS, ALICE MARGARET
STREET ADDRESS	118 S. JESSAMINE AVE
CITY- ST- ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 02/15/06-80036-020 150.00

**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: Dean D Byerts **DEAN D BYERTS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06  
Date

Daytime Phone #