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### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P96000037155

1. Entity Name

CORNERSTONE BUILDERS OF HERNANDO, INC.



Principal Place of Business

19049 POWELL RD. BROOKSVILLE, FL 34604 Mailing Address

19049 POWELL RD. BROOKSVILLE, FL 34604

# FILED May 03, 2004 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

04302004	No Chg-P	CR2E034 (10/03)	

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

(352) 686-0538

6. Name and Address of Current Registered Agent

WEST, JEFFREY 13407 TWIN LAKE AVE. SPRING HILL, FL 34609

**SIGNATURE** 

## 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, 2004 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WEST, JEFFREY 19049 POWELL RD. BROOKSVILLE, FL 34604				U00000155018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		117.7784		·	05/05/04-80020-022 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE		
TITLE NAME STREET AODRESS CITY-ST-ZIP					•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							

Jeffrey West