2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# P03000034149

Entity Name: CORNERSTONE ELECTRICAL SYSTEMS, INC.

Current Principal Place of Business:

2499 OLD LAKE MARY ROAD
SUITE 128
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2499 OLD LAKE MARY ROAD
SUITE 128
SANFORD, FL 32771

New Mailing Address:

FEI Number: 11-3683676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BYERTS, DEAN D	
Address:	118 S. JESSAMINE AVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	VP	( ) Delete
Name:	JACKSON, MICHAEL D	
Address:	224 PINE WINDS DR.	
City-St-Zip:	SANFORD, FL 32773	
Title:	S	( ) Delete
Name:	JACKSON, LISA	
Address:	224 PINE WINDS DR.	
City-St-Zip:	SANFORD, FL 32773	
Title:	T	( ) Delete
Name:	BYERTS, ALICE MARGARET	
Address:	118 S. JESSAMINE AVE	
City-St-Zip:	SANFORD, FL 32771	

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 exemption stated 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 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: DEAN D. BYERTS PRES 02/19/2008

Electronic Signature of Signing Officer or Director — Date