

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90111 042 \*\*\*150.00

<b>DOCUMENT # 611027</b> 1. Entity Name <b>CORNERSTONE RESTORATIONS, INC.</b>					
Principal Place of Business <b>809 S. ORLANDO AVE., SUITE F WINTER PARK, FL 32789 US</b>			Mailing Address <b>809 S. ORLANDO AVE., SUITE F WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1931156</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVICH, MICHAEL D 690 OSCEOLA AVE #306 WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAVICH, MICHAEL D</b> <b>690 OSCEOLA AVE #306</b> <b>WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DAVICH, ANITA P</b> <b>690 OSCEOLA AVE. #306</b> <b>WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LOHR, ANNA C</b> <b>2839 TECH DRIVE</b> <b>ORLANDO, FL 32817</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>BENJAMIN R LOHR</b> <b>2839 TECH DRIVE</b> <b>ORLANDO, FL 32817</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>4/21/06 4076292273</b> Date Daytime Phone #		

ATTACHMENT

40061959  
# 611027

CPA

**CHARLES L. BELOTE & ASSOCIATES, P.A.**  
*Certified Public Accountants & Consultants*

**Filing Instructions**

**State of Florida**

**2006 Corporation Annual Report**

**Name:** Cornerstone Restorations, Inc.

**Due Date:** May 1, 2006

**Remittance:** A check in the amount of \$ 150.00 payable to the Florida Department of State should be enclosed. Include your corporation Federal Employer Identification number on the check.

**Mail To:** Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

**Signature:** An Officer or Director of the Corporation must sign, type or print their name, date, and enter daytime phone number in box number 12.

**Other:** Please review the preprinted information and make any changes in the boxes provided.

You should make a copy of the signed form and keep it for your records.