

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 668049

Entity Name: CORNER SERVICE LTD., INC.

FILED
Feb 15, 2009
Secretary of State

Current Principal Place of Business:

1175 COURT STREET
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1175 COURT STREET
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-2020411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, KENNETH J P
3082 LANDMARK BLVD.
#1704
PALM HARBOR, FL 34684 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: SEARS, KENNETH J P
Address: 3082 LANDMARK BLVD #1704
City-St-Zip: PALM HARBOR, FL 34684 US

Title: V () Delete
Name: SEARS, RONALD C V.P.
Address: 1100 WOODCREST AVE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: V () Delete
Name: SEARS/MIKL, MELONY J V.P.
Address: 2279 WARWICK DRIVE
City-St-Zip: OLDSMAR, FL 34677 US

Title: S () Delete
Name: SEARS, JOAN Y S.
Address: 3082 LANDMARK BLVD #1704
City-St-Zip: PALM HARBOR, FL 34684

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: MELONY S. MIKL

V.P.

02/15/2009

Electronic Signature of Signing Officer or Director

Date