

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000709

FILED
Jan 30, 2009
Secretary of State

Entity Name: CORNERSTONE ENGINEERS, INC.

Current Principal Place of Business:

302 COLLEGE STREET
MADISONVILLE, TN 37354

New Principal Place of Business:

302 COLLEGE STREET NORTH
MADISONVILLE, TN 37354

Current Mailing Address:

P. O. BOX 1029
MADISONVILLE, TN 37354

New Mailing Address:

FEI Number: 62-1772099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, TONY
1721 RED ROAD
CLEWISTON, FL 33440 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: LEWIS, ANDREW K
Address: 148 CHEROKEE CIR.
City-St-Zip: MADISONVILLE, TN 37354

Title: VP () Delete
Name: WRIGHT, JAMES E JR
Address: 516 COLLEGE ST.
City-St-Zip: MADISONVILLE, TN 37354

Title: D () Delete
Name: WRIGHT, DEBBIE S
Address: 148 CHEROKEE CIR.
City-St-Zip: MADISONVILLE, TN 37354

Title: D () Delete
Name: LEWIS, MINDY S
Address: 516 COLLEGE ST.
City-St-Zip: MADISONVILLE, TN 37354

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: JAMES E. WRIGHT

VP

01/30/2009

Electronic Signature of Signing Officer or Director

Date