

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FI

**Jan 25, 2006
Secret**

DOCUMENT # F24883 1. Entity Name CORNERSTONE SYSTEMS, INC.	
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Principal Place of Business 11844 165 RD. NO. JUPITER, FL 33478	Mailing Address 11844 165 RD. NO. JUPITER, FL 33478
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01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2086667	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZETLER, JAMES 11844 165 RD. NO. JUPITER, FL 33478	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

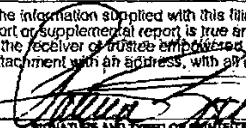
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZETLER, JAMES 11844 165 RD. NO. JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZETLER, PATRICIA 11844 165 RD. NO. JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ZETLER, PATRICIA 11844 165 RD. NO. JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U001U0400837
02/02/06-80011-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **Patricia Zetler** 01-23-2006 561-747-1813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CITY-ST-ZIP	PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALE, TAMI 29 COLERIDGE COURT PALM COAST, FL 32137

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.

SIGNATURE:  **Kevin Kale** 1/20/06 (904) 733-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #