

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90161 029 ***150.00

DOCUMENT # J87254 1. Entity Name CORNERSTONE MORTGAGE & INVESTMENT CORPORATION					
Principal Place of Business 1401 HIGHWAY 17 N FT. MEADE, FL 33841			Mailing Address P O BOX 1172 FT. MEADE, FL 33841 US 1114 Cypress Point West Winter Haven, FL 33884		
2. Principal Place of Business - No P O Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2830507	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRAZIER, CLAYTON W 1401 HIGHWAY 17 N FT. MEADE, FL 33841				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENDRICK, R.E. III 812 HOOT OWL LANE FT. MEADE, FL 33841	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1114 Cypress Point West Winter Haven, FL 33884			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAZIER, CLAYTON W. 1401 HIGHWAY 17 N FT. MEADE, FL 33841	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENDRICK, NANCY C. 812 HOOT OWL LANE FT. MEADE, FL 33841	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1114 Cypress Point West Winter Haven, FL 33884			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRAZIER, TAMMIE C. 1401 HIGHWAY 17 N FT. MEADE, FL 33841	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 its 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					