## FILED Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90065 015 \*\*\*150.00

A		<u> </u>		
DOCUMENT # L65489  1. Entity Name CORNER STONE PRODUCTS COMPANY, INC.				
Principal Place of Business		7		
466 W SR 434 120		-		
LONGWOOD, FL 32750 US	50 US	LARRIES BIR GARAGE		
2. Principal Place of Business	3. Mailing Address  Suite, Apt. #, etc.  City & State			
Suite, Apt. #, etc.				
City & State				
Zip Country	Country	5. Certificate of S		
6. Name and Addr		7. Name and Add		
MANISCALCO; DOUGLAS	Name			

1. Entity Name CORNER STONE PRODUCTS COMPANY, INC.									
Principal Place	of Business	Mailing Address			$\neg$		0402	0190	2
466 W SR 43	4	466 W SR 434			l		9403	0100	)
120	EI 003E0 180	120			Į.				
LONGWOOD,	NGWOOD, FL 32750 US LONGWOOD, FL 32750 US			1 (02)/201 010	HINE AND PARK ITALI	DITIL BEDI GRAN BI	PO OSAN ŠČĆE		
2. Principat Pl	lace of Business 3. Mailing Address								
Suite, Apt.				02172004	Chg-P	CR2E034 (10/03)			
City & State					4. FEI Number 59-3005866		Applied For Not Applicable		
- Zip	Country	Zip	Coun	try		of Status Desired		.75 Addi	tional
	5. Name and Address of Cur	rent Postetered Acout	• •	<del></del>	_l	·	F96	e Required	
	6. Name and Address of Cui	Leur Hedizielen Wäeler	_	Name	7. Name and	Address of New Re	agisterao Age	<u>m</u>	·
	LCO; DOUGLAS -	. —		<u> </u>					
1400 W FA SUITE 203	AIRBANKS AVE.			Street Address (P.O. Box Number is Not Acceptable)					
	ARK, FL 32789			S	uite 1	-			
				City	onswood	<del></del>	FL	Zip Code	229
		ent for the purpose of changing its	registen			, in the State of Flo	rida. I am farr	viliar with.	and accept
the obligat	ions of registered agent.				,			_	]
SIGNATURE_	Signalure, typed printed name of registered			T			2 · / 6-	04	[
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Signable it sophicable, (NOTE: Registered Agent eignable required when reinstating)  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.		AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTORS	IN 11
THILE NAME	D MULLIS, O. J.	☐ Del <del>eta</del>	TITL NAM					] Change	☐ Addition
STREET ADDRESS	982 BURLWOOD CT.		•	EET ADORESS					1
CITY-SI-ZIP	LONGWOOD, FL		CITY	- ST-ZIP				_	
TITLE		☐ Delete	TITU	E				Change	Addition
NAME			NAM						ĺ
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
TITLE	<del></del>	Oelete	īm.					Change	Addition
HAME			NAM	- 1		,	سا دروسه میداخد	سمعہ - حصر عالم	
STREET ADDRESS				EET ADDRESS					Ì
CITY-ST-ZIP			-	7-ST-ZIP			<del></del>	7.00	ET Addition
FITLE		Delete	TITL					Change	Addition
STREET ADDRESS				EET ADDRESS					ļ
CITY-ST-ZIP			CITY	'-ST-ZIP	<del></del>				
TITLE		☐ Delate	TIR	i				Change	Addition
NAME STREET ADORESS			STR	EET ADDRESS					
CITY-ST-ZIP	,		CITY	r-ST-ZIP				_	
IIILE		☐ Deleta	πı	E				Change	Addition
NAME CARREST ADDRESS			NAA CTO	- 1	••				
STREET ADDRESS CITY-ST-ZIP		•		EET ADDRESS r-SI-ZIP					
	Certify that the information sumplie	od with this filing does not qualify to			n Section 119.07/3¥	). Florida Statutes	I further certify	that the ir	formation
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). 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 it 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: 218-04 40-252-42-03									