

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90005 003 \*\*\*150.00

**DOCUMENT # L68001**

1. Entity Name

CORNERPOST, INC.



Principal Place of Business

6450 S ORANGE AVE  
PINE CASTLE FL 32809  
US

Mailing Address

6450 S ORANGE AVE  
PINE CASTLE FL 32809  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3009590

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JAMES E JR  
435 E OAK RIDGE RD  
2869 SOUTH DELANEY AVE.  
PINE CASTLE FL 32809

7. Name and Address of New Registered Agent

Name  
JAMES E. MOORE JR  
Street Address (P.O. Box Number is Not Acceptable)  
6450 S. ORANGE AVE  
City  
PINE CASTLE FL Zip Code  
32809

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 *James E. Moore Jr*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
DPS  
MOORE, JAMES E., JR. ☐ Delete  
STREET ADDRESS  
4436 GATLIN GROVE DR  
CITY-ST-ZIP  
ORLANDO FL

TITLE  
NAME  
T  
MOORE, JAMES E., JR. ☐ Delete  
STREET ADDRESS  
4436 GATLIN GROVE DR  
CITY-ST-ZIP  
ORLANDO FL

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. MOORE JR

Date

Daytime Phone #

1-21-04 407-855-1098