

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90028 032 \*\*\*150.00

**DOCUMENT # P00000043598**

1. Entity Name  
CORNERSTONE MAINTENANCE SERVICES, INC.



Principal Place of Business  
8182 IX!DPNFSDBVOWETU!3C  
LEBSED!GM4442

Mailing Address  
8182 IX!DPNFSDBVOWETU!3C  
LEBSED!GM4442

0025893



02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1031649

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BUSCH, KAREN  
SUNRAE MGMT SERVICES INC  
7071 W COMMERCIAL BLVD SUITE 2B  
TAMARAC, FL 33319

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BUSCH, KAREN  
STREET ADDRESS 7071 W COMMERCIAL BLVD STE 2B  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE D  
NAME BUSCH, SCOTT  
STREET ADDRESS 7071 W COMMERCIAL BLVD STE 2B  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 934-553-2985  
Date Daytime Phone #