

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90007 003 ***150.00

DOCUMENT # P01000012015

1. Entity Name
CORNERSTONE CUSTOM CONSTRUCTION INC.



Principal Place of Business
**1182 CHANTRY PL
HEATHROW, FL 32746**

Mailing Address
**1182 CHANTRY PL
HEATHROW, FL 32746**

2. Principal Place of Business

324 S. SPAULDING COWE

Suite, Apt. #, etc.

3. Mailing Address

324 S. SPAULDING CV

Suite, Apt. #, etc.



02252006

Chg-P

CR2E034 (11/05)

City & State

HEATHROW FL

City & State

HEATHROW FL

Zip

32746

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

4. FEI Number

59-3699441

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ULIBARRI, JORGE
1182 CHANTRY PL
HEATHROW, FL 32746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

324 S. SPAULDING CV

City

HEATHROW

FL

Zip Code

32746

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, 2006 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** ☐ Delete
NAME **ULIBARRI, JORGE**
STREET ADDRESS **1182 CHANTRY PL**
CITY-ST-ZIP **HEATHROW, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **324 S. SPAULDING CV**
CITY-ST-ZIP **HEATHROW FL 32746**

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

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

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

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

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

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:

JORGE ULIBARRI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06

Date

407 7335500

Daytime Phone #