

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90010 006 \*\*\*150.00

**DOCUMENT # P02000116666**



1. Entity Name  
CORNERSTONE LANDSCAPING, INC.

Principal Place of Business  
2335 S GOLDENROD ROAD  
ORLANDO, FL 32822

Mailing Address  
2335 S GOLDENROD ROAD  
ORLANDO, FL 32822

94024195



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042004

Chg-P

CR2E034 (10/03)

4. FEI Number  
54-2081196

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BROTHERS, LORI  
2335 S GOLDENROD ROAD  
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name JEFFREY ALDRICH  
Street Address (P.O. Box Number is Not Acceptable)  
2335 S. GOLDENROD RD.  
City ORLANDO FL Zip Code 32822

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

02-26-04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FROELICH, CYNTHIA L ☐ Delete  
STREET ADDRESS 2335 S GOLDENROD ROAD  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE VD  
NAME ALDRICH, JEFF ☐ Delete  
STREET ADDRESS 2335 S GOLDENROD ROAD  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE VPD ☒ Delete  
NAME COSTA, JOSE  
STREET ADDRESS 2335 S. GOLDENROD RD.  
CITY-ST-ZIP ORLANDO, FL 32822

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  
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

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 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

Date

Daytime Phone #

02-26-04 407-736 0469