

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90081 038 \*\*\*158.75

20063813



<b>DOCUMENT # P02000116666</b> 1. Entity Name <b>CORNERSTONE LANDSCAPING, INC.</b>					
Principal Place of Business <b>2335 S GOLDENROD ROAD ORLANDO, FL 32822</b>			Mailing Address <b>2335 S GOLDENROD ROAD ORLANDO, FL 32822</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALDRICH, JEFFREY</b> <b>2335 S GOLDENROD ROAD</b> <b>ORLANDO, FL 32822</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <b>FROELICH, CYNTHIA L</b> <input checked="" type="checkbox"/> Delete		TITLE	PD <b>ELSER, DEE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>2335 S GOLDENROD ROAD</b>		NAME	<b>2335 S. GOLDENROD ROAD</b>	
STREET ADDRESS	<b>ORLANDO, FL 32822</b>		STREET ADDRESS	<b>ORLANDO, FL 32822</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <b>ALDRICH, JEFF</b> <input type="checkbox"/> Delete		TITLE		
NAME	<b>2335 S GOLDENROD ROAD</b>		NAME		
STREET ADDRESS	<b>ORLANDO, FL 32822</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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. <b>JEFFREY ALDRICH</b>					
<b>SIGNATURE:</b>			<b>7/07/05</b> <b>407-405-6439</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					