


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000128323	
1. Entity Name CORNERSTONE SPECIALIZED INVESTIGATIONS AGENCY INC.	

Principal Place of Business PO BOX 8781 JUPITER, FLORIDA, FL 33468-8781 US	Mailing Address PO BOX 8781 JUPITER, FLORIDA, FL 33468-8781 US
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01242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4224757	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CAROTHERS, BARRY D ESQ
4400 PGABOULEVARD
SUITE 800
PALM BEACH GARDENS, FL 33410**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY - ST - ZIP	P ESCHER, BRUCE D SR. PO BOX 8781 JUPITER, FL 33468-878
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ESCHER, LISA W PO BOX 8781 JUPITER, FLORIDA, FL 334688781
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/29/04-80001-006 150.00

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:  **1/25/04 561-491-1234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #