

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 24, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000010982**

**1. Entity Name  
CORNERSTONE FINANCIAL PLANNERS, INC.**



**Principal Place of Business  
4625 LITTLE ROAD  
NEW PORT RICHEY, FL 34655**

**Mailing Address  
4625 LITTLE ROAD  
NEW PORT RICHEY, FL 34655**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number 54-2094146</b>	<b>Applied For Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**WALKER, CHARLES F  
4625 LITTLE ROAD  
NEW PORT RICHEY, FL 34655**

**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 reinstalling) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

1100000192178  
01/25/05-80008-002 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE NAME STREET ADDRESS CITY - ST - ZIP</b>	<b>PD WALKER, CHARLES F 4625 LITTLE ROAD NEW PORT RICHEY, FL 34655</b>
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IN THIS SPACE**

**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:** Ch F Walker Charles F. Walker 1/20/05 727 375-1112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #