


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90053 050 ***150.00

DOCUMENT # P03000034149	
1. Entity Name CORNERSTONE ELECTRICAL SYSTEMS, INC.	

Principal Place of Business 116 ROCKHILL DRIVE SANFORD, FL 32771	Mailing Address 116 ROCKHILL DRIVE SANFORD, FL 32771
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2. Principal Place of Business <i>118 S. Jessamine Ave</i>	3. Mailing Address <i>118 S. Jessamine Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Sanford, FL</i>	City & State <i>Sanford, FL</i>
Zip <i>32771</i>	Zip <i>32771</i>
Country <i>USA</i>	Country <i>USA</i>



01202004 Chg-P CR2E034 (10/03)

4. FEI Number <i>11-3683676</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JACKSON, MICHAEL D F 116 ROCKHILL DRIVE SANFORD, FL 32771	7. Name and Address of New Registered Agent Name <i>Dean D. Byerts</i> Street Address (P.O. Box Number is Not Acceptable) <i>118 S. Jessamine Ave</i> City <i>Sanford</i> FL Zip Code <i>32771</i>
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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 *Dean D. Byerts* **DEAN D. BYERTS** **PRESIDENT** **1-26-03**
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>President Dean D. Byerts 118 S. Jessamine Ave, Sanford, FL 32771</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Vice-President Michael D. Jackson 116 Rockhill Dr., Sanford, FL 32771</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Secretary Lisa Jackson 116 Rockhill Dr., Sanford, FL 32771</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Treasurer Alice-Margaret Byerts 118 S. Jessamine Ave, Sanford, FL 32771</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alice Margaret Byerts* **Alice-Margaret Byerts** **4-22-04** **407-328-3893**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #