

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000029873

1. Entity Name
CORNERSTONE EQUITIES, INC.



Principal Place of Business

**111 2ND AVE NE
STE 915
SAINT PETERSBURG, FL 33701 US**

Mailing Address

**111 2ND AVE NE
STE 915
SAINT PETERSBURG, FL 33701 US**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0743263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERGUSON, JAMES B
1550 MIDNIGHT PASS WAY
CLEARWATER, FL 33765**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000897434
04/25/08-80048-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERGUSON, JAMES B
STREET ADDRESS	1550 MIDNIGHT PASS WAY
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	S.T
NAME	FERGUSON, JAMES B
STREET ADDRESS	1550 MIDNIGHT PASS WAY
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Ferguson

04-11-2008

727-823-6535