## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000050778

Entity Name: CORNERSTONE HANDIMAN SERVICE, INC

FILED Jan 10, 2007 Secretary of State

Littly Na	IIIE. CORNER	ROTONE HANDIIVIAN SERVICI	L, INO.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	EWOOD DR R, FL 33584				
Current Mailing Address:			New Mailing Address:		
	EWOOD DR R, FL 33584				
FEI Number	: 20-0923164	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:	
LASMAN, JEFFREY ESQ 6152 DELANEY STATION STREET SUITE 205 RIVERVIEW, FL 33569 US			6152 DEĹANCEY STA SUITE 205	LASMAN, JEFFREY ESQ 6152 DELANCEY STATION STREET SUITE 205 RIVERVIEW, FL 33569 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				01/10/2007	
	Electron	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( WOODHAM, TI 4220 LAKEWO SEFFNER, FL	OD DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( WOODHAM, M 4220 LAKEWO SEFFNER, FL	OD DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( WOODHAM, TI 4220 LAKEWO SEFFNER, FL	OD DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( WOODHAM, TH 4220 LAKEWO SEFFNER, FL	OD DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	ST (	) Delete NTOINETTE M	Title: Name	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TERRY L. WOODHAM DP 01/10/2007

4220 LAKEWOOD DR

SEFFNER, FL 33584

Address: City-St-Zip: