

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90175 029 \*\*\*150.00

**DOCUMENT # P04000144766**

1. Entity Name  
**CORNERSTONE EQUESTRIAN, INC.**



Principal Place of Business  
**1450 CASA RIO DR.  
ORLANDO, FL 32825-8203**

Mailing Address  
**1450 CASA RIO DR.  
ORLANDO, FL 32825-8203**

**50035722**



2. Principal Place of Business

3. Mailing Address

03232005 Chg-P CR2E034 (10/03)

4. FEI Number **20-2569331** Applied For  
**Applied For** Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARSON, ROBERT J  
1450 CASA RIO DR.  
ORLANDO, FL 32825-8203**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

**3/28/05**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President/Secretary/Director  
Connie A. Larson  
1450 Casa Rio Drive  
Orlando, Florida 32825**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice Pres./Treasurer/Director  
Robert J. Larson  
1450 Casa Rio Drive  
Orlando, Florida 32825**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/05**

Date

**407-380-3030**

Daytime Phone #