# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 17, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P04000154696

1. Entity Name
CORNERSTONE VENTURES I, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2100 TRADE CENTER WAY, SUITE D<br>NAPLES, FL 34109 | 2100 TRADE CENTER WAY, SUITE D<br>NAPLES, FL 34109 |

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
26-0099378

Applied For
(N/A Applicable)

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

6. Name and Address of Current Registered Agent

SKRIVAN, KENT A
801 LAUREL OAK DR., SUITE 705
NAPLES, FL 34108

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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 _____
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, 2006 Fee will be $550.00**

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

U00000511873
04/29/06-80065-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | MUSUMANO, PATSY |
| STREET ADDRESS | 2100 TRADE CENTER WAY, SUITE D |
| CITY ST ZIP | NAPLES, FL 34109 |
| TITLE | DSTV |
| NAME | MUSUMANO, DONNA |
| STREET ADDRESS | 2100 TRADE CENTER WAY, SUITE D |
| CITY ST ZIP | NAPLES, FL 34109 |
| TITLE | VPD |
| NAME | MUSUMANO, GREG |
| STREET ADDRESS | 2100 TRADE CENTER WAY D |
| CITY ST ZIP | NAPLES, FL 34109 |
| TITLE | VPD |
| NAME | MUSUMANO, JEFFREY |
| STREET ADDRESS | 2100 TRADE CENTER WAY D |
| CITY ST ZIP | NAPLES, FL 34109 |
| TITLE | VPD |
| NAME | RADCLIFFE, PAUL |
| STREET ADDRESS | 2100 TRADE CENTER WAY D |
| CITY ST ZIP | NAPLES, FL 34109 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

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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, with all other like empowered.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date