

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90014 013 \*\*\*558.75

<b>DOCUMENT # P05000000800</b> 1. Entity Name <b>CORNERSTONE PAVERS INC.</b>					
Principal Place of Business <b>3038 N JOHN YOUNG PKWY UNIT 31 ORLANDO, FL 32789</b>			Mailing Address <b>3038 N JOHN YOUNG PKWY UNIT 31 ORLANDO, FL 32789</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08012006    Chg-P    CR2E034 (11/05)	
Zip		Country		4. FEI Number <b>84-1666776</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JONES, BOBBIE H JR 2461 ROXBURY ROAD WINTERPARK, FL 32789</b>				Name <b>Jones, Bobbie H. Jr.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>509 Riviera Drive</b> City <b>Altamonte Springs, FL 32701-6325</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>JONES, BOBBIE H JR</b> <b>2461 ROXBURY ROAD</b> <b>WINTERPARK, FL 32789</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S/D/C/M <b>Jones, Bobbie H. Jr.</b> <b>509 Riviera Drive</b> <b>Altamonte Springs, FL 32701-6325</b>	
	(CHANGE OF ADDRESS ONLY)				
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.					
<b>SIGNATURE: <i>Bobbie H. Jones, Jr.</i>    Bobbie H. Jones, Jr.    8/2/06    407-467-0209</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					