

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90027 011 \*\*\*150.00

DOCUMENT # P05000016768	
1. Entity Name CORNER CUP & MORE, INC.	



Principal Place of Business 4127-7 N.W. 16TH BLVD. GAINESVILLE, FL 32605 US	Mailing Address P.O. BOX 111 HIGH SPRINGS, FL 32655 US
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40057100



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 4127-7 NW 16th Blvd. Suite, Apt. #, etc.
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03242007 Chg-P CR2E034 (12/06)

City & State Gainesville FL	4. FEI Number 20-2223809	Applied For Not Applicable
Zip 32605	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GILES, ELIZABETH M 7001 N.E. 24TH LOOP HIGH SPRINGS, FL 32643	
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7. Name and Address of New Registered Agent Name: Giles, Stephanie E. Street Address (P.O. Box Number is not Acceptable): 4127-7 NW 16th Blvd. City: Gainesville FL Zip Code: 32605	
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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: <u>Stephanie E. L.</u> DATE: <u>4-9-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILES, ELIZABETH M 7001 N.E. 24TH LOOP HIGH SPRINGS, FL 32643 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILES, STEPHANIE E 7001 N.E. 24TH LOOP HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Giles, Stephanie E. 4127-7 NW 16th Blvd. Gainesville, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Stephanie E. L.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4-9-07</u> Daytime Phone #: <u>(352) 374-4104</u>