


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90061 042 ***150.00

DOCUMENT # P05000108398 1. Entity Name CORNERSTONE QUILT SHOP INCORPORATED					
Principal Place of Business 3455 ATHENA DRIVE WINTER PARK, FL 32792 US			Mailing Address 3455 ATHENA DRIVE WINTER PARK, FL 32792 US		
2. Principal Place of Business 5953 E. COLONIAL DR Suite, Apt. #, etc. SUITE 2		3. Mailing Address 5953 E. COLONIAL DR Suite, Apt. #, etc. SUITE 2			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 203263913	
Zip 32807		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNETT, STEPHEN 7457 ALOMA AVE SUITE 100 WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name JUDY I. DICKERSON Street Address (P.O. Box Number is Not Acceptable) 5953 E. COLONIAL DR #2 City ORLANDO FL Zip Code 32807	
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><i>Judy I. Dickerson</i></u> 8-24-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D DICKERSON, JUDY <input type="checkbox"/> Delete 3455 ATHENA DRIVE WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUVAL, ROBERTA <input type="checkbox"/> Delete 7645 TIMBER RIVER CIRCLE ORLANDO, FL 32807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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	
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><i>Judy I. Dickerson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-24-06		407) 207-6500 <small>Daytime Phone #</small>