2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120446

City-St-Zip:

MAYO, FL 32066 US

Entity Name: CORNERSTONE MARKET MORTGAGE COMPANY

FILED Feb 08, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
110 S. FLE MAYO, FL	ETCHER AVENUE . 32066 US		
Current Mailing Address:		New Mailing Address:	
110 S. FLETCHER AVENUE MAYO, FL 32066 US		P.O. BOX 1515 MAYO, FL 32066 US	
FEI Number	: FEI Number Applied For	(X) FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:	
	DROTHY Y ASTAGNA LANE . 32066 US		
	e named entity submits this statement fo e of Florida.	r the purpose of changing its registered office or registered agent, or both,	
SIGNATU	RE:		
	Electronic Signature of Registere	ed Agent Date	
Election Ca	mpaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete NEILL, JUDAH M 1118 SE CR 416 BRANFORD, FL 32008 US	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VP () Delete NEILL, HDEATHER M 892 NE CANDY LANE MAYO, FL 32066 US	Title: VP (X) Change () Addition Name: NEILL, HEATHER M Address: 892 NE CANDY LANE City-St-Zip: MAYO, FL 32066 US	
Title: Name: Address: City-St-Zip:	S () Delete NEILL, DOROTHY Y 573 CASTAGNA LANE MAYO, FL 32066 US	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address:	T () Delete O'STEEN, LARRY 357 S.E. CR 416	Title: () Change () Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HEATHER M. NEILL VΡ 02/08/2006