

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120446

FILED
Sep 04, 2007
Secretary of State

Entity Name: CORNERSTONE MARKET MORTGAGE COMPANY

Current Principal Place of Business:

POST OFFICE BOX 1515
MAYO, FL 32066 US

New Principal Place of Business:

110 S FLETCHER AVE
MAYO, FL 32066 US

Current Mailing Address:

P.O. BOX 1515
MAYO, FL 32066 US

New Mailing Address:

FEI Number: 20-3533457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEILL, HEATHER M
892 NE CANDY LANE
MAYO, FL 32066 US

Name and Address of New Registered Agent:

NEILL, DOROTHY Y
573 NE CASTAGNA LANE
MAYO, FL 32066 US

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.

SIGNATURE: DOROTHY Y NEILL

09/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEILL, HEATHER M
Address: 892 NE CANDY LANE
City-St-Zip: MAYO, FL 32066 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEILL, DOROTHY Y
Address: 573 CASTAGNA LANE
City-St-Zip: MAYO, FL 32066 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DOROTHY Y NEILL

P

09/04/2007

Electronic Signature of Signing Officer or Director

Date