

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90020 046 \*\*\*150.00

DOCUMENT # P05000121792

1. Entity Name

CORNERSTONE CONTRACTORS OF THE PALM BEACHES, INC.



Principal Place of Business

8233-18 GATOR LANE  
WEST PALM BEACH FL 33411  
US

Mailing Address

8233-18 GATOR LANE  
WEST PALM BEACH FL 33411  
US



2. Principal Place of Business - No P.O. Box #

981 Lemongrass Lane

3. Mailing Address

981 Lemongrass Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number 20-3459289

Applied For

Not Applicable

Zip 33414

Country

Zip 33414

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, JOSEPH  
8233-18 GATOR LANE  
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name Joseph Schmidt

Street Address (P.O. Box Number is Not Acceptable)

981 Lemongrass Lane

City Wellington

FL

Zip Code 33414

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME SCHMIDT, JOSEPH  
STREET ADDRESS 8233-18 GATOR LANE  
CITY- ST- ZIP WEST PALM BEACH FL 33411 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
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CITY- ST- ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres  
NAME Schmidt Joseph  
STREET ADDRESS 981 Lemongrass Lane  
CITY- ST- ZIP Wellington FL 33414. ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 248-8856  
2-22-07

Date

Daytime Phone #