

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90043 006 ***150.00

DOCUMENT # P05000166178

1. Entity Name

CORNERSTONE REPLACEMENT WINDOWS, INC.



Principal Place of Business

1129 SW 13TH STREET
CAPE CORAL FL 33991

Mailing Address

1129 SW 13TH STREET
CAPE CORAL FL 33991



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

413 NE VAN LOON LN

Suite, Apt. #, etc.

104

3. Mailing Address

413 NE VAN LOON LN

Suite, Apt. #, etc.

104

1st MOORE

CR2E034 (10/06)

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

20-3987078

Applied For

Not Applicable

Zip

33990

Country

US

Zip

33990

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALEY, ROBERT
1129 SW 13TH STREET
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reappointing)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HALEY, ROBERT
1129 SW 13TH STREET
CAPE CORAL FL 33991 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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12. 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

Date

Daytime Phone #

Robert Haley Robert Haley 1-30-07