

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000013593

FILED  
Feb 08, 2011  
Secretary of State

**Entity Name:** CORNERSTONE FIRST INSURANCE, INC.

**Current Principal Place of Business:**

1515 E SILVER SPRINGS BLVD  
145  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 E. SILVER SPRINGS BLVD  
145  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 61-1589911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTE, ANTOINETTE M  
1515 E. SILVER SPRINGS BLVD  
145  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SANTE, ANTIONETTE M  
Address: 1515 E. SILVER SPRINGS BLVD # 145  
City-St-Zip: Ocala, FL 34470 FL

I hereby 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 all other like empowered.

SIGNATURE: ANTOINETTE SANTE

PRES

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date