

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000094656

FILED  
Mar 03, 2010  
Secretary of State

**Entity Name:** CORNERSTONE SOLUTIONS GROUP FORT MYERS, INC.

**Current Principal Place of Business:**

14640 BELLAMY BROTHERS BLVD  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

14620 BELLAMY BROTHERS BLVD  
DADE CITY, FL 33525 US

**Current Mailing Address:**

14640 BELLAMY BROTHERS BLVD  
DADE CITY, FL 33525 US

**New Mailing Address:**

FEI Number: 27-1331425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAINS, JOHN H III  
501 EAST KENNEDY BLVD  
SUITE 750  
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FAULKNER, JOHN  
Address: 14620 BELLAMY BROTHERS BLVD  
City-St-Zip: DADE CITY, FL 33525 US

Title: S  
Name: FAULKNER-SMITH, MIRANDA  
Address: 14620 BELLAMY BROTHERS BLVD  
City-St-Zip: DADE CITY, FL 33525 US

Title: VP  
Name: FLOYD, JUSTIN R  
Address: 14620 BELLAMY BROTHERS BLVD  
City-St-Zip: DADE CITY, FL 33525

Title: VP  
Name: KLINKENBERG, PETER J  
Address: 14620 BELLAMY BROTHERS BLVD  
City-St-Zip: DADE CITY, FL 33525

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: MIRANDA FAULKNER SMITH

S

03/03/2010

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

\_\_\_\_\_  
Date