

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047523

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: CORNERSTONE TREE FARM, INC.

## Current Principal Place of Business:

14620 BELLAMY BROTHERS BLVD  
DADE CITY, FL 33525 US

## New Principal Place of Business:

## Current Mailing Address:

14620 BELLAMY BROTHERS BLVD  
DADE CITY, FL 33525 US

## New Mailing Address:

FEI Number: 59-3261579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAULKNER, JOHN  
14620 BELLAMY BROTHERS BLVD  
DADE CITY, FL 33525 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 ( ) Delete  
Name: FAULKNER, JOHN  
Address: 14620 BELLAMY BROTHERS BLVD  
City-St-Zip: DADE CITY, FL 33525 US

Title: M ( ) Delete  
Name: FAULKNER, MIRANDA  
Address: 14620 BELLAMY BROTHERS BLVD  
City-St-Zip: DADE CITY, FL 33525 US

Title: VP ( ) Delete  
Name: PRONZINSKI, THERESA  
Address: 5343 HEMLOCK DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Delete  
Name: ECCLES, ELAINE  
Address: 4702 DURNEY ST  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FAULKNER, MIRANDA  
Address: 14620 BELLAMY BROTHERS BLVD  
City-St-Zip: DADE CITY, FL 33525 US

Title: VP (X) Change ( ) Addition  
Name: FAULKNER, JULIE  
Address: 14640 BELLAMY BROTHERS BLVD  
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIRANDA FAULKNER

S

01/03/2005

Electronic Signature of Signing Officer or Director

Date