

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047523

FILED
Jan 16, 2008
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 (X)

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

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

Title: VP () Delete
Name: WHITAKER, MARK A
Address: 14620 BELLAMY BROTHERS BLVD
City-St-Zip: DADE CITY, FL 33525

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP () Change (X) Addition
Name: FLOYD, JUSTIN
Address: 14620 BELLAMY BROTHERS BLVD
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN FAULKNER

P

01/16/2008

Electronic Signature of Signing Officer or Director

_____ Date