2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047523

Entity Name: CORNERSTONE TREE FARM, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
14620 BELLAMY BROTHERS BLVD DADE CITY, FL 33525 US	

Current Mailing Address:	**New Mailing Address:**
14620 BELLAMY BROTHERS BLVD DADE CITY, FL 33525 US	

FEI Number: 59-3261579   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FAULKNER, JOHN 14620 BELLAMY BROTHERS BLVD DADE CITY, FL 33525 US	

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: 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: FAULKNER, JULIE
Address: 14640 BELLAMY BROTHERS BLVD
City-St-Zip: DADE CITY, FL 33525

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

Title: VP
Name: FLOYD, JUSTIN
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   04/13/2012

      Electronic Signature of Signing Officer or Director   Date