

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90187 021 ***150.00



DOCUMENT # P94000073122

1. Entity Name
CORNERSTONE-SPEECH, LANGUAGE & HEARING SERVICES, P.A.

Principal Place of Business Mailing Address
1300 FLORIDA AVE UNIT A **1300 FLORIDA AVE UNIT A**
ROCKLEDGE FL 32955 **ROCKLEDGE FL 32955**

2. Principal Place of Business 3. Mailing Address
1101 W. Hibiscus Blvd **1101 W. Hibiscus Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 105 **Ste 105**

City & State City & State
West Melbourne, FL **West Melbourne**
 Zip Country Zip Country
32904 **USA** **32904** **USA**

4. FEI Number Applied For
59-3274516 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
PONTONES, CYNTHIA L
1300 FLORIDA AVE UNIT A
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Cindy Peters Pontones* *Cindy Peters Pontones* *4/26/04*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	PONTONES, CYNTHIA L
STREET ADDRESS	1300 FLORIDA AVE UNIT A
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Cindy Peters Pontones* *Cindy Pontones* *4/26/04* *639 1050*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #