

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000005204

1. Entity Name
CORNERSTONE CONNECTION, INC.



Principal Place of Business
4524 CURRY FORD
SUITE 211
ORLANDO, FL 32812

Mailing Address
4524 CURRY FORD
SUITE 211
ORLANDO, FL 32812

FILED
Feb 07, 2008 08:00 AM
Secretary of State



01292008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3319306

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, LUANNE
4524 CURRY FORD RD #211
ORLANDO, FL 32812

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D |
| NAME | ANDERSON, LU ANNE |
| STREET ADDRESS | 4524 CURRY FORD, SUITE 211 |
| CITY-ST-ZIP | ORLANDO, FL 32812 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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02/15/08-80062-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

LuAnne Anderson 2-5-08 407-872-1418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #