


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000031994</b> 1. Entity Name <b>CORNERSTONE REALTY COMPANY OF SOUTH FLORIDA, INC.</b>																													
Principal Place of Business <b>5001 N. DIXIE HWY BOCA RATON FL 33431 US</b>			Mailing Address <b>5001 N. DIXIE HWY BOCA RATON FL 33431 US</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number <b>65-0584370</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  <b>SCHATZ, RANDEE S 220 SUNRISE AVE SUITE 209 PALM BEACH FL 33480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				10. OFFICERS AND DIRECTORS																									
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUCKWORTH, CRAIG T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4345 SUGAR PINE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33487</td> <td></td> </tr> </table>				TITLE	D	<input type="checkbox"/> Delete	NAME	DUCKWORTH, CRAIG T		STREET ADDRESS	4345 SUGAR PINE DRIVE		CITY-ST-ZIP	BOCA RATON FL 33487		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">U00000494288</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>04/20/06-80040-002 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	U00000494288	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	04/20/06-80040-002 150.00		STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	DUCKWORTH, CRAIG T																												
STREET ADDRESS	4345 SUGAR PINE DRIVE																												
CITY-ST-ZIP	BOCA RATON FL 33487																												
TITLE	U00000494288	<input type="checkbox"/> Change <input type="checkbox"/> Add																											
NAME	04/20/06-80040-002 150.00																												
STREET ADDRESS																													
CITY-ST-ZIP																													