

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90047 026 ***158.75

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1. Entity Name

CORNERSTONE CONSTRUCTION AND DESIGN, INC.



Principal Place of Business

4509 NW 23RD AVE
STE 3
GAINESVILLE FL 32606

Mailing Address

4509 NW 23RD AVE
STE 3
GAINESVILLE FL 32606

2. Principal Place of Business

353B NW 97th Blvd

Suite, Apt. #, etc.

3. Mailing Address

353B NW 97th Blvd

Suite, Apt. #, etc.

City & State

Gainesville, Florida

Zip

32606

Country

USA

City & State

Gainesville, Florida

Zip

32606

Country

USA

4. FEI Number

59-3362220

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

DRISCOLL, MICHAEL E
29 NW 123RD STREET
NEWBERRY FL 32669

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME DRISCOLL, LYNNE E
STREET ADDRESS 29 N.W. 123RD ST.
CITY-ST-ZIP NEWBERRY FL 32669

TITLE DP ☐ Delete
NAME DRISCOLL, MICHAEL E
STREET ADDRESS 29 N.W. 123RD ST.
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06 (352) 333-6992

Date

Daytime Phone #