

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90085 042 \*\*\*150.00

**DOCUMENT # P96000042630**

1. Entity Name

**CORNERSTONE CONSTRUCTION GROUP OF CITRUS  
COUNTY, INC.**



Principal Place of Business

**8010 N TOKYO PT  
DUNNELLON FL 34433  
US**

Mailing Address

**8010 N TOKYO PT  
DUNNELLON FL 34433  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3385735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEDROW, ROGER  
8010 N TOKYO PT  
DUNNELLON FL 34433**

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, 2004 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	V	<input type="checkbox"/> Delete
NAME	NEDROW, DORE	
STREET ADDRESS	8010 N TOKYO PT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEDROW, ROGER	
STREET ADDRESS	8010 N TOKYO PT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIPPLE, ROBERT	
STREET ADDRESS	7745 S.W. 187TH AVENUE	
CITY-ST-ZIP	DUNNELLON FL 34432-2440	
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	V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dore Nedrow	
STREET ADDRESS	8010 N. Tokyo Pt	
CITY-ST-ZIP	Dunnellon FL 34433	
TITLE	NO	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/04**

Date

**352-795-1549**

Daytime Phone #