


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90258 032 \*\*\*150.00

**DOCUMENT # P96000068805**

1. Entity Name  
**CORNERSTONE DEVELOPERS, INC.**



Principal Place of Business  
**2100 TRADE CENTER WAY  
 STE D  
 NAPLES, FL 34109 US**

Mailing Address  
**1827 TRADE CENTER WAY  
 #3  
 NAPLES, FL 34109 US**

44000000



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**2100 TRADE CENTER WAY  
 SUITE D**

04022004 Chg-P CR2E034 (10/03)

City & State  
**NAPLES, FL**

Zip Country  
**34109 US**

4. FEI Number  
**59-3397727**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MUSUMANO, PATSY  
 2100 TRADE CENTER WAY STE D  
 NAPLES, FL 34109**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME MUSUMANO, PATSY	
STREET ADDRESS 2100 TRADE CENTER WAY STE D	
CITY-ST-ZIP NAPLES, FL 34109	
TITLE VP	<input type="checkbox"/> Delete
NAME MUSAMANO, DONNA	
STREET ADDRESS 2100 TRADE CENTER WAY STE D	
CITY-ST-ZIP NAPLES, FL 34109	
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: Donna Musumano, Exec. V.P., Sec. Treas. Date: 4/20/04 (239) 594-7985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #