

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90345 019 \*\*\*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  
**2100 TRADE CENTER WAY**  
**STE. D**  
**NAPLES, FL 34109 US**



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

3. Mailing Address  
 Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**59-3397727**

Applied For  
 Not Applicable

Zip Country Zip Country

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 **Kent A. Skrivan Esq.**  
 Street Address (P.O. Box Number is Not Applicable)  
**661 Laurel Oak Dr**  
**Suite 705**  
 City **Naples** FL Zip Code **34108**

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 *Kent A. Skrivan* DATE **4-21-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MUSUMANO, PATSY</b> <b>2100 TRADE CENTER WAY STE D</b> <b>NAPLES, FL 34109</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MUSAMANO, DONNA</b> <b>2100 TRADE CENTER WAY STE D</b> <b>NAPLES, FL 34109</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP</b> <b>Jeff Musumano</b> <b>2100 Trade Ctr Way Suite D</b> <b>Naples FL 34109</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP</b> <b>Greg Musumano</b> <b>2100 Trade Center Way Suite D</b> <b>Naples, FL 34109</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP</b> <b>Paul Rodcliffe</b> <b>2100 Trade Ctr Way Ste D</b> <b>Naples, FL 34109</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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]* DATE **4/18/05** (239) 594-7985

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