

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90371 045 \*\*\*150.00

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03132006 No Chg-P CR2E034 (11/05)

**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

**DO NOT WRITE IN THIS SPACE**

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~~ **SKRIVAN, KENT A.**  
 801 LAUREL OAK DRIVE  
 SUITE 705  
 NAPLES, FL 34108

**DO NOT WRITE IN THIS SPACE**

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 constituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MUSUMANO, PATSY
STREET ADDRESS	2100 TRADE CENTER WAY STE D
CITY ST ZIP	NAPLES, FL 34109
TITLE	DV
NAME	MUSAMANO, DONNA
STREET ADDRESS	2100 TRADE CENTER WAY STE D
CITY ST ZIP	NAPLES, FL 34109
TITLE	DV
NAME	MUSUMANO, JEFF
STREET ADDRESS	2100 TRADE CENTER WAY STE D
CITY ST ZIP	NAPLES, FL 34109
TITLE	DV
NAME	MUSUMANO, GREG
STREET ADDRESS	2100 TRADE CENTER WAY STE D
CITY ST ZIP	NAPLES, FL 34109
TITLE	DV
NAME	RADCLIFFE, PAUL
STREET ADDRESS	2100 TRADE CENTER WAY STE D
CITY ST ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, 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