


**2007 FOR PROFIT CORPORATION .  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P96000068805 1. Entity Name CORNERSTONE DEVELOPERS, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3397727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUSUMANO, PATSY 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUSAMANO, DONNA 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUSUMANO, JEFF 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUSUMANO, GREG 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RADCLIFFE, PAUL 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000737078  
05/11/07-80013-013 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

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

PATSY MUSUMANO