

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068805

FILED
Apr 03, 2009
Secretary of State

Entity Name: CORNERSTONE DEVELOPERS, INC.

Current Principal Place of Business:

2100 TRADE CENTER WAY
STE D
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

2100 TRADE CENTER WAY
STE. D
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3397727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRIVAN, KENT A
801 LAUREL OAK DRIVE
SUITE 705
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

IN BALANCE INC.
12268 TAMiami TRAIL E
SUITE 301
NAPLES, FL 34113 US

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.

SIGNATURE: LINDSEY KLEIN

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MUSUMANO, PATSY
Address: 2100 TRADE CENTER WAY STE D
City-St-Zip: NAPLES, FL 34109

Title: DV () Delete
Name: MUSAMANO, DONNA
Address: 2100 TRADE CENTER WAY STE D
City-St-Zip: NAPLES, FL 34109

Title: DV (X) Delete
Name: MUSUMANO, JEFF
Address: 2100 TRADE CENTER WAY STE D
City-St-Zip: NAPLES, FL 34109

Title: DV (X) Delete
Name: MUSUMANO, GREG
Address: 2100 TRADE CENTER WAY STE D
City-St-Zip: NAPLES, FL 34109

Title: DV (X) Delete
Name: RADCLIFFE, PAUL
Address: 2100 TRADE CENTER WAY STE D
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATSY MUSUMANO

DP

04/03/2009

Electronic Signature of Signing Officer or Director

Date