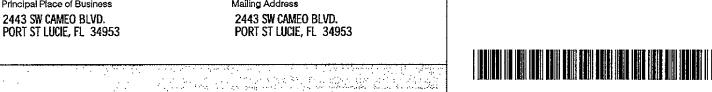
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P97000019267** CORNERSTONE HOME INSPECTIONS, INC. Principal Place of Business Mailing Address 2443 SW CAMEO BLVD.

**FILED** Apr 19, 2004 08:00 AM Secretary of State



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

04122004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-0747517 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BILOTT, RONALD L 2443 SW CAMEO BLVD. PORT ST LUCIE, FL 34953

the obligations of registered agent.

SIGNATURE:

## IN THIS SPACE

SIGNATURE.	SIGNATURE Signature Viped of printed name of registered agent and site if applicable. (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 Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS		# M	d was record a contract of the contract of
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D BILOTT, RONALD L 2443 SW CAMEO BLVD. PORT ST LUCIE, FL 34953				V00000117236 04/19/04-90011-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					64V 13V64-20011-051-120*00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with this fit on this report or supplemental report is true a	ing does not qualify for the exemption deccurate and that my signature s	n stated	in Section 1 19.07(3	(i), Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director