

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000064174

FILED
Jan 04, 2007
Secretary of State

Entity Name: CORNERSTONE LEASING, INC.

Current Principal Place of Business:

3936 PAUL S. BUCHMAN HWY
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

Current Mailing Address:

3936 PAUL S. BUCHMAN HWY
ZEPHYRHILLS, FL 33542 US

New Mailing Address:

FEI Number: 59-3462436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUBBARD, MARY JANE
3936 PAUL S. BUCHMAN HWY
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HUBBARD, MARY JANE
Address: 6449 COUNTRY CLUB RD.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VTS () Delete
Name: HUBBARD, C. DOUGLAS
Address: 6449 COUNTRY CLUB RD.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VS () Delete
Name: WINSBRO, KENNETH
Address: 12217 JEFFERY LN
City-St-Zip: DADE CITY, FL 33525

Title: VS () Delete
Name: ANTHONY, CARL A
Address: 103 FOXWOOD DR
City-St-Zip: BRANDON, FL 33510

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY JANE HUBBARD

PD

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date