


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90110 006 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P98000014675</b>                                    |  |
| 1. Entity Name<br><b>CORNERSTONE FARMS OF SOUTH FLORIDA, INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>15260 46TH LANE SOUTH<br/>WELLINGTON FL 33414<br/>US</b> | Mailing Address<br><b>4574 HUNTING TRAIL<br/>LAKE WORTH FL 33467<br/>US</b> |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>293 Wyckmere TERR</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>293 Wyckmere TERR</b><br>Suite, Apt. #, etc. |
|---|---|

|   |   |
|---|---|
| City & State<br><b>Wellington, FL</b>     | City & State<br><b>Wellington, FL</b>     |
| Zip<br><b>33414</b> Country<br><b>USA</b> | Zip<br><b>33414</b> Country<br><b>USA</b> |



1st MOORE CR2E034 (10/04)

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>MEDLEY, MICHAEL L<br/>4574 HUNTING TRAIL<br/>LAKE WORTH FL 33467</b> |  |
|--|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0815663</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |                          |
|--|--------------------------|
| 7. Name and Address of New Registered Agent        |                          |
| Name   |                          |
| Street Address (P.O. Box Number is Not Acceptable) | <b>293 Wyckmere TERR</b> |
| City   | <b>Wellington FL</b>     |
| Zip Code   | <b>33414</b>             |

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 *Michael Medley* (NOTE: Registered Agent signature required when reinstating) DATE 4/27/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MEDLEY, MICHAEL L<br/>4574 HUNTING TRAIL<br/>LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MEDLEY, DIANE F<br/>4574 HUNTING TRAIL<br/>LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>293 Wyckmere TERR<br/>Wellington, FL 33414</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>293 Wyckmere TERR<br/>Wellington, FL 33414</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael Medley* 4/27/05 954-646-0977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #