


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000064003 1. Entity Name CORNERSTONE ACCEPTANCE CORPORATION	
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Principal Place of Business 3741 S NOVA RD PORT ORANGE, FL 32119	Mailing Address 6415 IDLEWILD RD 109 CHARLOTTE, NC 28212
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3532504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	D RACHOR, JEFFREY C 3415 IDLEWILD ROAD, SUITE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, B. SCOTT 4516 BELKNAP ROAD CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSS, STEPHEN K 6415 IDLEWOOD ROAD CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRY, CHRIS 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IUPPENLATZ, MARK 3415 IDLEWILD ROAD, SUITE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT O'CONNOR, JOSEPH 3415 IDLEWILD ROAD, SUITE 109 CHARLOTTE, NC 28212

**DO NOT WRITE
IN THIS SPACE**

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01/17/07-80088-021 150.00

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:  **CHRIS BARRY** 9 JAN 2007 (704) 972-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #