


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90019 007 ***150.00

DOCUMENT # P98000094938	
1. Entity Name CORNERSTONE FINANCIAL SOLUTIONS, INC.	

Principal Place of Business 6704C PLANTATION ROAD PENSACOLA, FL 32504	Mailing Address PO BOX 11576 PENSACOLA, FL 32524 US
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2. Principal Place of Business 7282 Plantation Road	3. Mailing Address Correct
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc.
City & State Pensacola, FL	City & State
Zip 32504	Country USA



02252004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3543024		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 BRAKEFIELD, JON 6704C PLANTATION ROAD PENSACOLA, FL 32504		

7. Name and Address of New Registered Agent Name 7282 Plantation Road Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFIN, KEITH 6704C PLANTATION ROAD PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BRAKEFIELD, JON F 6704C PLANTATION ROAD PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRAKEFIELD, MICHELLE 6704-C PLANTATION ROAD PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRAKEFIELD, MICHELLE 6704-C PLANTATION ROAD PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Jon F. Brakefield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04 (850) 477-0800
Date Daytime Phone #



Attachment
221618944

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 25, 2004

CORNERSTONE FINANCIAL SOLUTIONS, INC.
PO BOX 11576
PENSACOLA, FL 32524 US

SUBJECT: CORNERSTONE FINANCIAL SOLUTIONS, INC.
Ref. Number: P98000094938

We have received your document for CORNERSTONE FINANCIAL SOLUTIONS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 104A00012706

Attachment
240189441



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P98000094938**

Tracking Number: **400026767044**

The charge for your Annual Report is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

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24018944

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Annual Report

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Document Number

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Business Entity Name

CORNERSTONE FINANCIAL SOLUTIONS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title VP
Name (Last, First, Middle, Title) GRIFFIN KEITH
-or- Entity Name
Street Address 6704C PLANTATION ROAD
City, State PENSACOLA FL
Zip Code & Country 32504

Title PT
Name (Last, First, Middle, Title) BRAKEFIELD JON F
-or- Entity Name
Street Address 6704C PLANTATION ROAD
City, State PENSACOLA FL
Zip Code & Country 32504

Title ST
Name (Last, First, Middle, Title) BRAKEFIELD MICHELLE
-or- Entity Name
Street Address 6704-C PLANTATION ROAD
City, State PENSACOLA FL
Zip Code & Country 32504

Title *2410189444*
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title
Officer/Director Signature *Jon F. Brakefield*

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24018944f
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Annual Report

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Document Number

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Business Entity Name

CORNERSTONE FINANCIAL SOLUTIONS, INC.

FEI Number

593543024

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

6704C PLANTATION ROAD

Suite, Apt. #, etc.

City, State

PENSACOLA

FL

Zip Code & Country

32504

Mailing Address

Address

PO BOX 11576

Suite, Apt. #, etc.

City, State

PENSACOLA

FL

Zip Code & Country

32524

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BRAKEFIELD

JON

-or- RA Business Name

Address

6704C PLANTATION ROAD

Suite, Apt. #, etc.

City, State

PENSACOLA

FL

Zip Code & Country

32504

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

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24018944

Registered Agent Signature

Jon Brakefield

Jon Brakefield

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