

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90079 001 \*\*\*150.00

**DOCUMENT # P98000094938**

1. Entity Name  
**CORNERSTONE FINANCIAL SOLUTIONS, INC.**



Principal Place of Business  
**7282 PLANTATION ROAD  
STE 102  
PENSACOLA, FL 32504**

Mailing Address  
**PO BOX 11576  
PENSACOLA, FL 32524 US**



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3543024**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRAKEFIELD, JON  
7282 PLANTATION ROAD  
PENSACOLA, FL 32504**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME GRIFFIN, KEITH  
STREET ADDRESS ~~6704 C PLANTATION ROAD~~ **7282 PLANTATION RD**  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE PT  
NAME BRAKEFIELD, JON F  
STREET ADDRESS ~~6704 C PLANTATION ROAD~~ **7282 PLANTATION RD**  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ST  
NAME BRAKEFIELD, MICHELLE  
STREET ADDRESS ~~6704 C PLANTATION ROAD~~ **7282 PLANTATION RD**  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE CFO  
NAME BRAKEFIELD, MICHELLE  
STREET ADDRESS ~~6704 C PLANTATION ROAD~~ **7282 PLANTATION RD**  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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* **JON F. BRAKEFIELD**

**1/10/05**  
Date

**850 4770800**  
Daytime Phone #