


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90254 007 ***150.00

DOCUMENT P99000015136 1. Entity Name CORNETTE PROPERTIES, INC.																											
Principal Place of Business 1023 GUNN HIGHWAY ODESSA, FL 33556		Mailing Address 16528 N DALE MABRY HWY TAMPA, FL 33618																									
2. Principal Place of Business <i>P.O. Box 456</i>		3. Mailing Address 																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <i>Odessa, Florida</i>		City & State 																									
Zip <i>33556</i>		Zip 																									
Country <i>US</i>		Country 																									
4. FEI Number 59-3564998		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 SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 <i>Walter Sanders</i> <i>Walter Sanders</i> <i>4/26/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D CORNETTE, ROBERT G</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1023 GUNN HIGHWAY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ODESSA, FL 33556</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D CORNETTE, ROBERT G	<input type="checkbox"/> Delete	NAME	1023 GUNN HIGHWAY		STREET ADDRESS	ODESSA, FL 33556		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">DP Cornette, Robert</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>16528 N. Dale Mabry Hwy</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Tampa, FL 33618</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	DP Cornette, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	16528 N. Dale Mabry Hwy		STREET ADDRESS	Tampa, FL 33618		CITY-ST-ZIP		
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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 <i>Robert Cornette</i> <i>Robert Cornette</i> <i>4/26/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											

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