

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90371 043 \*\*\*150.00

**DOCUMENT # P99000023466**

1. Entity Name  
**CORNERSTONE INTERIORS, INC.**



Principal Place of Business

**2100 TRADE CENTER WAY  
SUITE D  
NAPLES, FL 34109**

Mailing Address

**2100 TRADE CENTER WAY  
SUITE D  
NAPLES, FL 34109**

**60030232**



03132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0945698**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MUSUMANO, PATSY SKRIVAN, KENT A.**  
**801 LAUREL OAK DR.**  
**SUITE 705**  
**NAPLES, FL 34108**

**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 re-stating)

L/A

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**D**  
**MUSUMANO, PATSY**  
**2100 TRADE CENTER WAY #D**  
**NAPLES, FL 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**D**  
**MUSUMANO, DONNA**  
**2100 TRADE CENTER WAY #D**  
**NAPLES, FL 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]* Pres. - Donna Musumano

**3/14/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Optional Phone #