

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052629

FILED
Apr 06, 2009
Secretary of State

Entity Name: CORNERSTONE BUSINESSES, INC.

Current Principal Place of Business:

3936 PAUL S BUCHMAN HWY
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

3936 PAUL S BUCHMAN HWY
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 59-3614629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUBBARD, MARY JANE PD
3936 PAUL S BUCHMAN HWY
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUBBARD, MARY JANE
Address: 6449 COUNTRY CLUB RD
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VST () Delete
Name: HUBBARD, C DOUGLAS
Address: 6449 COUNTRY CLUB RD
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VS () Delete
Name: WINSBRO, KENNETH
Address: 12217 JEFFERY LANE
City-St-Zip: DADE CITY, FL 33525

Title: VS () Delete
Name: ANTHONY, CARL
Address: 103 FOXWOOD DR
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JANE HUBBARD

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date