

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90015 002 ***158.75

DOCUMENT # P99000074713					
1. Entity Name CORNERSTONE PAINTING, INC.					
Principal Place of Business 5271 HEMINGWAY LANE E #1509 NAPLES, FL 34116			Mailing Address 5271 HEMINGWAY LANE E #1509 NAPLES, FL 34116		
2. Principal Place of Business 1390 Wildwood lakes Blvd		3. Mailing Address 1390 Wildwood lakes Blvd			
Suite, Apt. #, etc. Apt 2		Suite, Apt. #, etc. Apt 2		07082004 Chg-P CR2E034 (10/03)	
City & State Naples, FL		City & State Naples, FL		4. FEI Number 59-3591835	
Zip 34104		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, BOBBY 5271 HEMINGWAY LANE E #1509 NAPLES, FL 34116			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, BOBBY G 5271 HEMINGWAY LANE E #1509 NAPLES, FL 34116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nelson, Bobby G 1390 Wildwood lakes Blvd. Apt 2 Naples, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, JODI V 5271 HEMINGWAY LANE E #1509 NAPLES, FL 34116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Nelson, Jodi V 1390 Wildwood lakes Blvd Apt 2 Naples, FL 34104	
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	
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: _____			8/5/04 839-30420214-		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		