2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

FILED ANNUAL REPORT 06 SEP 15 PM 2: 23 DOCUMENT # P99000074713 1. Entity Name CORNERSTONE PAINTING, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1607 GARDENIA LANE 1607 GARDENIA LANE NAPLES, FL 34105-2248 NAPLES, FL 34105-2248 2. Principal Place of Business 3. Mailing Address 512 torest 1 512 Suite, Apt. #, etc. Suite, Apt. #, etc. 09072006 CR2E034 (11/05) City & State Çity & State 4. FEI Number Applied For 59-3591835 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Collier Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NELSON, BOBBY 5271 HEMINGWAY LANE E #1509 NAPLES, FL 34116 City 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 Fiorida. I am familiar with, and accept FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 15, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. President Bobby Gene Cork Nelson 1512 Forest Lakes Blud. TITLE ☐ Delete TITLE NELSON, BOBBY G NAME NAME STREET ADDRESS 1607 GARDENIA LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NELSON, JODI V NAME NAME 400079941104 1607 GARDENIA LANE STREET ACCRESS STREET ADDRESS 09/19/06~-01020--003 **150.00 CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE [] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

APPRUYER

12. I hereby certify that the information supplied with this filing does not quality 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.

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Addition

Change