

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000080551**

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



Principal Place of Business  
**3271 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207**

Mailing Address  
**P.O. BOX 550822  
JACKSONVILLE, FL 32255-0822**



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3599855**

Applied For  
Not Applicable

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

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

**WILLIAMS, HENRY L  
10644 SQUIRES COURT  
JACKSONVILLE, FL 32257**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000847405  
06/02/08-80014-011 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	AYERS, MICHAEL A
STREET ADDRESS	3271 ST AUGUSTINE RD
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	MORTON, JOHN
STREET ADDRESS	12052 BACKWIND DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32258
TITLE	S
NAME	WILLIAMS, HENRY L
STREET ADDRESS	10644 SQUIRES COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32257
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:

*Michael A Ayers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

(904) 398-4345

Daytime Phone #