

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
04 NOV 15 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # S55050</b> 1. Entity Name <b>CORNERSTONE HOME MORTGAGE CORP.</b>					
Principal Place of Business <b>1801 LEE ROAD #170 WINTER PARK, FL 32789 US</b>			Mailing Address <b>6767 N. WICKHAM ROAD STE #500 MELBOURNE, FL 32940 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10142004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-3066265</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BUESHER, KEITH 6767 N. WICKHAM RD STE 500 MELBOURNE, FL 32940</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KANE, CATHY 1801 LEE ROAD STE 170 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUESCHER, HOWARD 830 KERRY DOWNS CIR MELBOURNE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042755704 11/15/04--01076--004 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUESCHER, KEITH H. 812 OAK PARK DR. MELBOURNE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUSH, ROBERT M. 837 OAK PARK DR. MELBOURNE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIRARD, SUSAN 898 OAK PARK DR. MELBOURNE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YELLAND, RONALD J. 5320 CHESWICK CIRCLE ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S <input checked="" type="checkbox"/> Change <input checked="" 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11-2-04    321-259-6972 <small>Date    Daytime Phone #</small>		