


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V15141</b> 1. Entity Name CORNERSTONE CORPORATION	
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Principal Place of Business 441 NORTH DONNELLY ST MOUNT DORA, FL 32757 US	Mailing Address P.O. BOX 21 MOUNT DORA, FL 32757
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04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3106821	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SIMPSON, ROBERT L. 441 NORTH DONNELLY SUITE 10 MOUNT DORA, FL 32757
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SIMPSON, ROBERT L. 441 NORTH DONNELLY MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMPSON, CAROL A 441 NORTH DONNELLY STREET MOUNT DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMPSON, MICHAEL 441 NORTH DONNELLY ST MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMPSON, MARK 441 NORTH DONNELLY ST MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000353506  
05/03/05-80069-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fees empowered.

**SIGNATURE:**  **4-28-05** **352-983-3224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #