


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # V15141
 1. Entity Name
 CORNERSTONE CORPORATION



Principal Place of Business
 441 NORTH DONNELLY ST
 MOUNT DORA, FL 32757 US

Mailing Address
 P.O. BOX 21
 MOUNT DORA, FL 32757

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CRZE034 (11/05)

4. FEI Number
 59-3106821

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIMPSON, ROBERT L.
 441 NORTH DONNELLY
 SUITE 10
 MOUNT DORA, FL 32757

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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: *Robert L. Simpson* (NOTE: Registered Agent signature required when re-registering) DATE: *1/23/2006*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SIMPSON, ROBERT L.
STREET ADDRESS	441 NORTH DONNELLY
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	ST
NAME	SIMPSON, CAROL A
STREET ADDRESS	441 NORTH DONNELLY STREET
CITY-ST-ZIP	MOUNT DORA, FL
TITLE	VP
NAME	SIMPSON, MICHAEL
STREET ADDRESS	441 NORTH DONNELLY ST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	VP
NAME	SIMPSON, MARK
STREET ADDRESS	441 NORTH DONNELLY ST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *X Robert L. Simpson* 1/23/2006 (352) 383-2087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #