

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90254 018 \*\*\*150.00

**DOCUMENT # V70901**

1. Entity Name

CORNERSTONE HOMES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

2058 PROUDE ST.  
PORT CHARLOTTE FL 33953

Mailing Address

23380 JANICE AVE, 3B  
CHARLOTTE HARBOR FL 33980  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0360691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEEKIN, JOHN CHARLES  
21202 OLEAN BLVD.  
SUITE C-2  
PORT CHARLOTTE FL 33952

Name

Marilyn J. Miller

Street Address (P.O. Box Number is Not Acceptable)

2058 Proude Street

City

Port Charlotte

FL

Zip Code

33953

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]*

Marilyn Miller, President

4/7/04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MILLER, MARYLIN  
STREET ADDRESS 2058 PROUDE ST.  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE V ☒ Delete  
NAME KIRBY, ROBERT L  
STREET ADDRESS 979 SIDNEY TERRACE  
CITY-ST-ZIP PORT CHARLOTTE FL (deceased)

TITLE ST ☐ Delete  
NAME MILLER, JR C  
STREET ADDRESS 2058 PROUDE ST  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Asst. V.P. ☐ Change ☒ Addition  
NAME H. Davies Miller, Jr.  
STREET ADDRESS 265 E. Marion Avenue  
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

Date

941-627-6274

Daytime Phone #