


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # G15018		
1. Entity Name BRENTWOOD SCHOOL, INC.		
Principal Place of Business % ROBERT S. SCHACKOW 1111 N.W. 55TH ST. GAINESVILLE, FL 32605 US		Mailing Address % ROBERT S. SCHACKOW 1111 N.W. 55TH ST. GAINESVILLE, FL 32605 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCHACKOW, ROBERT S. 1111 N.W. 55TH ST. GAINESVILLE, FL 32605		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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SCHACKOW, ROBERT S	
STREET ADDRESS	1111 NW 55TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 00000,	
TITLE	VD	
NAME	SCHACKOW, SUSAN F	
STREET ADDRESS	1111 NW 55TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 00000,	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Susan F. Schackow</u>		1/15/08 352 373-3222
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2242984	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

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01/17/08-80066-023 150.00

**DO NOT WRITE
IN THIS SPACE**