
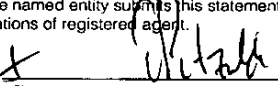
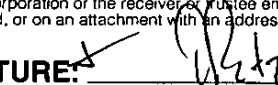


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90053 001 ***511.25

DOCUMENT # L59201 1. Entity Name PETZ CUSTOM HOMES, INC.			
Principal Place of Business 6222 TOWER LANE B-3 SARASOTA, FL 34240 US		Mailing Address 6222 TOWER LANE B-3 SARASOTA, FL 34240 US	
2. Principal Place of Business - No P.O. Box # 1703 Bayshore Rd Suite, Apt. #, etc.		3. Mailing Address 1703 Bayshore Rd Suite, Apt. #, etc.	
City & State Nokomis FL Zip 34275 Country USA		City & State Nokomis FL Zip 34275 Country USA	
4. FEI Number 65-0181359		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETZOLDT, CURTIS T. 6222 TOWER LANE B3 SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name: Todd Reholdt Street Address (P.O. Box Number is Not Acceptable): 1703 Bayshore Rd City: Nokomis FL Zip Code: 34275	
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:  DATE: 3-26-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: PETZOLDT, CURTIS TODD STREET ADDRESS: 1703 BAYSHORE RD CITY-ST-ZIP: NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: DAVID, RUDISILL STREET ADDRESS: 3311 92ND AVE. E. CITY-ST-ZIP: PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 3-26-08 Daytime Phone #:	