2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L65588

PINNACLE HOME BUILDERS, INC.



FILED Mar 14, 2007 08:00 AM Secretary of State

Principal Place of Business

ROBERT J. MACALUSO

870 BALD EAGLE DR. #B5 MARCO ISLAND, FL 34145 US Mailing Address

P.O BOX 1816

MARCO ISLAND, FL 34146



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4.	FEI Number		Applied For
	65-0192353	Γ	Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROCHE, CHRISTOPHER A 229 N. COLLIER BLVD. MARCO ISLAND, FL 34145

of the corporation or the rece changed, or on an attachme

DO NOT WRITE IN THIS SPACE

3/9/01

Daytime Phone #

No Chg-P

02282007

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bot	n, in the State of Florida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	f applicable (NOTE: Registered A	gent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE	P					
NAME	MACALUSO, ROBERT J.					ľ
STREET ADDRESS	870 BALD EAGLE DR, # B5					
CITY-ST-ZIP	MARCO ISLAND, FL 34145					
TITLE	VP					
NAME	SPICER, DALE G				U00000665880	-
STREET ADDRESS	870 BALD EAGLE DR.# B5				03/23/07-80048-00	4 150 d
CITY-ST-ZIP	MARCO ISLAND, FL 34145			·	20. 20. 21. 02010 00	
TITLF	S				•	
NAME	MACALUSO, CHRISTINA					J
STREET ADDRESS	870 BALD EAGLE DR. # B5			DO	NOT WRITE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			DO	IAOI WALLIE	
TITLE	VP			IN 7	THIS SPACE	,
NAME	MACALUSO, CHRISTINA			114	IIIO OI AOL	
STREET ADDRESS	870 BALD EAGLE DR. #B5				•	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			er e	•	
TITLE						
NAME					•	ł
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CITY-ST-ZIP	16				ş \$	
TITLE				1		
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STREET ADDRESS					H 4	
CITY-ST-ZIP				·		
12. I hereby of indicated of the corp	ertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee employered	ing does not qualify for the exem nd accurate and that my signature to exactute that report as required	ptions cor shall hav by Chapl	ntained in Chapter 119, ve the same legal effect ter 607, Florida Statutes	Florida Statutes. I further certify that the is as if made under oath; that I am an officer; and that my name appears in Block 10 o	nformation or director Block 11 if