## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # P04000130894 1. Entity Name BRENTWOOD LAKES DEVELOPMENT COMPANY Principal Place of Business Mailing Address 300 EAST NEW HAVEN AVENUE 300 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901 MELBOURNE, FL 32901 01052006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1634616 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PENCE, ROY J 300 EAST NEW HAVEN AVENUE DO NOT WRITE MELBOURNE, FL 32901 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) CATE <u>U000000448628</u> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 03/09/06-80020-022 15D.00 OFFICERS AND DIRECTORS 10. TITLE PENCE, ROY J NAME STREET ADDRESS 300 EAST NEW HAVEN AVENUE CITY-ST-ZIP MELBOURNE, FL 32901 VPST TITLE WOOD, GREGORY T NAME 300 EAST NEW HAVEN AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TISLE NAME STREET ADDRESS CULY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

**FILED**