

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000093848

1. Entity Name
BRENTWOOD CUSTOM HOMES, INC.



FILED

04 JUN 17 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06142004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3346173

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	PIZZICA, FRANK J JR			NAME	000038356590		
STREET ADDRESS	3473 OAK KNOLL POINT			STREET ADDRESS	06/28/04--01065--005 **158.75		
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	PIZZICA, LINDA G			NAME			
STREET ADDRESS	3473 OAK KNOLL POINT			STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	PIPPIN, PAMELA A			NAME			
STREET ADDRESS	4531 PLYMOUTH SORRENTO ROAD			STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	HERRING, MARK C			NAME			
STREET ADDRESS	789 PRESERVE TERRACE			STREET ADDRESS			
CITY-ST-ZIP	HEATHROW, FL 32746			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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, changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: Frank J. Pizzica, President 6/15/04 407/382-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #