## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000093848

Entity Name: BRENTWOOD CUSTOM HOMES, INC.

PIPPIN, PAMELA A MRS.

APOPKA, FL 32712

4531 PLYMOUTH SORRENTO ROAD

Name:

Address:

City-St-Zip:

FILED Jan 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 270 NORTHLAKE BLVD. **SUITE 1004** ALTAMONTE SPRINGS, FL 32701 US **New Mailing Address: Current Mailing Address:** 270 NORTHLAKE BLVD **SUITE 1004** ALTAMONTE SPRINGS, FL 32701 US FEI Number: 59-3346173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ESTES, THEODORE D 24 S ORANGE AVE SUITE 203 ORLANDO, FL 32801 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: () Change () Addition PIZZICA, FRANK J JR Name: Name: 3473 OAK KNOLL POINT Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: HERRING, MARK C Name: 789 PRESERVE TERRACE Address: Address: HEATHROW, FL 32746 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition PIPPIN, PAMELA A Name: Name: 4531 PLYMOUTH SORRENTO ROAD Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK C. HERRING PD 01/17/2007