2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90010 044 ****61.25

DOCUMENT # 766255

1. Entity Name

ACADEMY OF CONSTRUCTION TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
PO BOX 160819 ALTAMONTE SPRINGS FL 32716-0819 US	PO BOX 160819 ALTAMONTE SPRINGS FL 32716-0819 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2245953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SASSO, MICHAEL C 390 N. ORANGE AVE. STE 2700 ORLANDO FL 32801	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE	T	☐ Delete	TITLE	CT	☐ Change ☑ Addition
NAME	BEASLEY, DAVID		NAME	Mike Cornelius	
STREET ADDRESS	430 WEST DR.		STREET ADDRESS	430 West Drive	
CITY-ST-ZIP	ALTAMONTE SPGS FL		CITY-ST-ZIP	Altamonte Sp. FL 32716	
TITLE	CT	☑ Delete	TITLE	1VCT	☐ Change ☑ Addition
NAME	SULLIVAN, JAMES		NAME	Patricia Walker	
STREET ADDRESS	2738 FORSYTH RD		STREET ADDRESS	800 Trafalgar Ct. #200	
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP	Maitland, FL 32751	
TITLE	1VCT	☑ Delete	TITLE	ST	☐ Change ☑ Addition
NAME	SOMMER, KEITH		NAME	Lori Blake	
STREET ADDRESS	6220 S ORANGE BLOSSOM TRL STE 800		STREET ADDRESS	430 N. Wymore	
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	2VCT	☑ Delete	TITLE	2VCT	☐ Change ☑ Addition
NAME	FREINER, MIKE		NAME	Gary Mooney	
STREET ADDRESS	P.O. BOX 737		STREET ADDRESS	800 N. Magnolia Ave. #500	
CITY-ST-ZIP	OCOEE FL 34761		CITY-ST-ZIP	Orlando, FL 32803	
TITLE	ST	☑ Delete	TITLE	T	☑ Change ☐ Addition
NAME	BARTLETT, STEVE		NAME	David Beasley	
STREET ADDRESS	P.O. BOX 677130		STREET ADDRESS	815 Jackson Ave	
CITY-ST-ZIP	ORLANDO FL 32867		CITY-ST-ZIP	Winter Park, FL 32789	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: J. Buck J. Buck 3-2-2504 407-682-3368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #