

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006181

1. Entity Name
**ACADEMY OF CONSTRUCTION APPRENTICESHIPS,
INC.**



Principal Place of Business
**250 COMMUNITY COLLEGE PKWY
PALM BAY, FL 32909**

Mailing Address
**250 COMMUNITY COLLEGE PKWY
PALM BAY, FL 32909**



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3748775

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWARD, WILLIAM J JR
250 COMMUNITY COLLEGE PKWY
PALM BAY, FL 32909**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
HOWARD, WILLIAM J JR
581 DREXEL AVE, NE
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
JOHNSON, DAVID
6950 VICKIE CIR
MELBOURNE, FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
PATTON, JEFF
790 FLETCHER RD SE
PALM BAY, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/13/04-80045-004 70.00

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IN THIS SPACE**

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.

William J. Howard Jr. C.O.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04
Date

321-863-2678
Daytime Phone #