


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 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
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01042005 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 <input checked="" type="checkbox"/>	\$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
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80007-010 70.00

**DO NOT WRITE
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.

SIGNATURE: *William J. Howard Jr. C.O.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05 *321-863-2678*
Date Daytime Phone #