

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90009 028 \*\*\*\*70.00

**DOCUMENT #N50917**

1. Entity Name  
**BREVARD AIR CONDITIONING CONTRACTORS  
ASSOCIATION, INC.**



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

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

50001323



**DO NOT WRITE IN THIS SPACE**

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE** 59-3194590

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCCLELLAND, CLIFTON A JR  
1901 S. HARBOR CITY BLVD.  
SUITE 500  
MELBOURNE, FL 32901**

**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, 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  
**PD  
RAMSEY, CLINT  
831 KOLN CT. NW  
PALM BAY, FL 32907**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
PATTON, JEFFREY  
PO BOX 061175  
PALM BAY, FL 32907**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ED  
HOWARD, WILLIAM  
581 DREXEL AVENUE NE  
PALM BAY, FL 32907**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
DIBENEDITTO, RICHARD  
P.O BOX 061175  
PALM BAY, FL 32907**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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 ED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/05 321-863-2678