## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001634

Entity Name: BREVARD HEAT, INC.

**Current Principal Place of Business:** 

1583 BREEZEWOOD LANE NW

PALM BAY, FL 32907

**Current Mailing Address:** 

PO BOX 1283

MELBOURNE, FL 32902

FEI Number: 20-2371018 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCGARRIGLE, MICHAEL 1128 SEMINOLE DRIVE

INDIAN HARBOUR BEACH, FL 32937 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: MICHAEL MCGARRIGLE

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREA** Title SEC

PALMER, DEBBIE Name Name MCGARRIGLE, MICHAEL 1455 TALON WAY 1128 SEMINOLE DRIVE Address Address

City-State-Zip: INDIAN HARBOUR BEACH FL 32937 MELBOURNE FL 32934 City-State-Zip:

VΡ Title Title **PRESIDENT** 

Name MCGARRIGLE, MICHAEL Name FRISCO, JEFFREY

Address PO BOX 361936 Address 1583 BREEZEWOOD LANE NW

MELBOURNE FL 32936 City-State-Zip: PALM BAY FL 32907 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

Name BOWEN, RICHARD Name MCGARRIGLE, LISA

Address 5011 SOMERVILLE DRIVE PO BOX 361936 Address

City-State-Zip: ROCKLEDGE FL 32955 MELBOURNE FL 32936 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name GOREY JR, KENNETH BOWEN, DARRAH Name 298 DRISKELL STREET NE Address Address 5011 SOMERVILLE DRIVE City-State-Zip: PALM BAY FL 32907

ROCKLEDGE FL 32955 City-State-Zip:

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/30/2019 SIGNATURE: MICHAEL MCGARRIGLE **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 30, 2019

Secretary of State

8710679547CC

04/30/2019 Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameGOREY, TAMMY MAYLYNNameMACCONNELL, ROBINAddress298 DRISKELL STREET NEAddress408 MELBOURNE AVE.City-State-Zip:PALM BAY FL 32907City-State-Zip:INDIALANTIC FL 32903