

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90020 014 \*\*\*150.00

**DOCUMENT # 504306**

1. Entity Name  
RICHARD JOHN BRODEUR, P.A.



Principal Place of Business  
1640 PERIWINKLE WAY #5  
P O BOX 214  
SANIBEL ISLAND, FL 33957

Mailing Address  
1640 PERIWINKLE WAY #5  
P O BOX 214  
SANIBEL ISLAND, FL 33957

94046988



04052004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-1672742

Applied For  
Not Applicable

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

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

BRODEUR, RICHARD JOHN  
1640 PERIWINKLE WAY  
SUITE #5  
SANIBEL ISLAND, FL 33957

**7. Name and Address of New Registered Agent**

Name  
Thomas F. Rizzo  
Street Address (P.O. Box Number is Not Acceptable)  
1640 Periwinkle Way  
Suite V  
City  
Sanibel Island FL Zip Code  
33957

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 Thomas F. Rizzo Thomas F. Rizzo 4/5/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRODEUR, RICHARD JOHN	
STREET ADDRESS	1640 PERIWINKLE WAY #5	
CITY-ST-ZIP	SANIBEL ISLAND, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRODEUR, RICHARD JOHN	
STREET ADDRESS	1640 PERIWINKLE WAY #5	
CITY-ST-ZIP	SANIBEL ISLAND, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy K. Brodeur	
STREET ADDRESS	1640 Periwinkle Way, Suite V	
CITY-ST-ZIP	Sanibel Island, Florida 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: Judy K. Brodeur Judy K. Brodeur 4/5/04 239 472-1734  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #