

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 600449**

1. Entity Name

DRS. ROBERTS & BRYAN, P.A.



Principal Place of Business

1286 S FLORIDA AVE  
ROCKLEDGE, FL 32955 US

Mailing Address

1286 S FLORIDA AVE  
ROCKLEDGE, FL 32955 US



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1219523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

KIRKPATRICK, RICHARD C  
1286 S FLA AVE  
ROCKLEDGE, FL 32955

**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)

UN0000928187

05/20/08-80057-011 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KIRKPATRICK, RICHARD C
STREET ADDRESS	1286 SOUTH FLA AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	SEQUEIRA, MARIO J
STREET ADDRESS	1286 SOUTH FLORIDA AVENUE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	SPICER, MICHAEL S
STREET ADDRESS	1286 SOUTH FLORIDA AV.E
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

321-636-7780

Daytime Phone #