2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

D	OCUMENT	* # J95797

1. Entity Name RICHARD M. BROTHWELL, C.P.A., P.A.



Principal Place of Business

5318 LINDNER PLACE NEW PORT RICHEY, FL 34652 Mailing Address

5318 LINDNER PLACE NEW PORT RICHEY, FL 34652



DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03)

FEI Number
 59-2847491

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROTHWELL, RICHARD M., C.P.A. 2655 COBBS WAY PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE

		ļ		INIS SPACE	
	named entity submits this statement for the pions of registered agent	urpose of changing its registered	office or re	egistered agent, or bot	th, in the State of Florida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title of	f applicable (NOTE Registered As	jent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROTHWELL, RICHARD M. 2655 COBB'S WAY PALM HARBOR, FL				ျားရရှိလျှားလူနှာ များက များများ ၁ ၆ လည်းများလည်း ရည်ရှိသည်
TITLE NAME STREET ADDRESS CITY - ST-ZIP					いずいせい (サベロ July 1) (2 m july 1, july 1 m ju
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY+ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE					

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:

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD M. BROTHWELL

4/29/04

(727) 846 -1505

Daylime Phone #