

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 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



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2847491

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

U000000916373  
05/12/08-80025-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BROTHWELL, RICHARD M.  
STREET ADDRESS 2655 COBB'S WAY  
CITY-ST-ZIP PALM HARBOR, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: R. M. Brothwell CPA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08  
Date

Daytime Phone #

RICHARD M. BROTHWELL, CPA