

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90004 042 ***550.00

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1. Entity Name

ROBERT E. BICKFORD, P.A.



Principal Place of Business

203 SAN DOLLAR RD.
INDIALANTIC FL 32903

Mailing Address

P.O. BOX 33757
INDIALANTIC FL 32903

14023390



MOORE CR2E034 (11/03)

2. Principal Place of Business

637 DENISE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3519978

Applied For

Not Applicable

Zip

32935

Country

BREVARD

Zip

32935

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BICKFORD, ROBERT E
2101 SOUTH WAVERLY PLACE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: BICKFORD, ROBERT E.
Street Address (P.O. Box Number is Not Acceptable)

637 DENISE DRIVE

City MELBOURNE

FL

Zip Code 32935

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

Robert E. Bickford

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME BICKFORD, ROBERT E
STREET ADDRESS 203 SAND DOLLAR RD
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
637 DENISE DRIVE
MELBOURNE FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert E. Bickford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04 (904) 42-8264
Date Daytime Phone #