


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S11983</b> 1. Entity Name OB FOUR, INC.	
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Principal Place of Business 2556 UNIVERSITY DR. CORAL SPRINGS, FL 33065	Mailing Address 2556 UNIVERSITY DR. CORAL SPRINGS, FL 33065
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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0231981	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

O'BRIEN, LARRY  
2556 UNIVERSITY DR  
CORAL SPRINGS, FL 33065

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

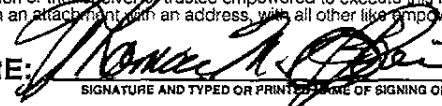
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000058318  
02/20/04-80024-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'BRIEN, THOMAS 2556 UNIVERSITY DR. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'BRIEN, BOB 2556 UNIVERSITY DR. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'BRIEN, LARRY 2556 UNIVERSITY DR. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BLANK, PAT 2556 UNIVERSITY DR. CORAL SPRINGS, FL
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 exemption stated in Section 119.07(3)(l), 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:  Thomas M. O'Brien 02/17/2004 954-753-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #