

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530577

FILED
Jan 26, 2004
Secretary of State

Entity Name: O'BRIEN, SILVESTRI, REYNOLDS & ROSE, INC.

Current Principal Place of Business:

3023 - SHANNON LAKES N. 102
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

3023 - SHANNON LAKES N. 102
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-1838076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, W. TAYLOR
430 BEARD ST.
TALLAHASSEE, FL 32303

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'BRIEN, TIMOTHY J
Address: 6523 AQUADUCT CT.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: O'BRIEN, DIANNE E
Address: 6523 AQUADUCT CT.
City-St-Zip: TALLAHASSEE, FL 32309

Title: DV () Delete
Name: SILVESTRI, KEN P
Address: 3328 W. LAKESHORE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. O'BRIEN

PD

01/26/2004

Electronic Signature of Signing Officer or Director

Date