## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 530577** 

FILED Jan 19, 2009 Secretary of State

Entity Name: O'BRIEN SILVESTRI CONSTRUCTION INC.

**Current Principal Place of Business: New Principal Place of Business:** 3023 - SHANNON LAKES N. SUITE 102 TALLAHASSEE, FL 32309 **New Mailing Address: Current Mailing Address:** 3023 - SHANNON LAKES N. 3023 - SHANNON LAKES N. SUITE 102 SUITE 102 TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US FEI Number: 59-1838076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIANNE E. O'BRIEN 3023 - SHANNON LAKES N SUITE 102 TALLAHASSEE, FL 32309 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32301

City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition O'BRIEN, TIMOTHY J Name: Name: O'BRIEN, TIMOTHY J 6523 AQUADUCT CT. 3023 N. SHANNON LAKES DR. SUITE 102 Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 Title: Title: (X) Change ( ) Addition () Delete Name: O'BRIEN. DIANNE E Name: O'BRIEN. DIANNE E 6523 AQUADUCT CT. 3023 N. SHANNON LAKES DR. SUITE 102 Address: Address: TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: DV () Change () Addition SILVESTRI, KEN P Name: Name: 3328 W. LAKESHORE DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: TIMOTHY J. O'BRIEN PD 01/19/2009