

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002780

Entity Name: O'BRIEN SERVICES, INC.

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

208 HOLMEN DR., BOX 160  
HOLMEN, WI 54636

**New Principal Place of Business:**

**Current Mailing Address:**

2487 WOODBOURNE PLACE  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 39-1818583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'BRIEN, EDWARD J  
2487 WOODBOURNE PL  
CAPE CORAL, FL 33991 US

**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: PRES  
Name: O'BRIEN, EDWARD J  
Address: 208 HOLMEN DR., BOX 160  
City-St-Zip: HOLMEN, WI 54636

Title: VP  
Name: O'BRIEN, KARIN M  
Address: 208 HOLMEN DR., BOX 160  
City-St-Zip: HOLMEN, WI 54636

I hereby 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 all other like empowered.

SIGNATURE: EDWARD J. O'BRIEN

PRES

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date