

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90074 048 \*\*\*138.75

06-10-2008 90002 011 \*\*\*\*11.25

**DOCUMENT # F07000001564**

1. Entity Name

O.B. MANAGEMENT SERVICES, INC.



Principal Place of Business

7932 W SAND LAKE RD  
STE 108  
ORLANDO, FL 32819

Mailing Address

7932 W SAND LAKE RD  
STE 108  
ORLANDO, FL 32819

**DO NOT WRITE IN THIS SPACE**

40100110



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number

30-0210969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LSBEB AGENT SERVICES, INC.  
390 N ORANGE AVE  
STE 600  
ORLANDO, FL 32801

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME O'BRIEN, KURT  
STREET ADDRESS 7932 W SAND LAKE RD - STE 108  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt O'Brien

APR 28 2008

Date

407-241-7874

Daytime Phone #