

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # G01646**

1. Entity Name  
**O'BRIEN CONSTRUCTION COMPANY**



Principal Place of Business

1224 U.S. HWY 1

# C

NORTH PALM BEACH, FL 33408 US

Mailing Address

1224 U.S. HWY 1

# C

NORTH PALM BEACH, FL 33408 US



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2224550

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, BRIAN K  
1224 U.S. HWY 1  
SUITE C  
NORTH PALM BEACH, FL 33408

**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 signature required when reinstating)

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

U000000783782  
01/16/08-80027-023 158.75

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PST  
O'BRIEN, BRIAN K.  
16 YACHT CLUB PLACE  
TEQUESTA, FL 33469

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
PRINCE, MICHAEL  
72 IRONWOOD WAY N  
WEST PALM BEACH, FL 33418

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S  
GAINES, DALE  
8661 SE DUNCAN  
HOBE SOUND, FL 33455

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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

BRIAN K. O'BRIEN

Date

561-799-2326

Daytime Phone #