


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K86508</b> 1. Entity Name O'BRIEN CONSULTING, INC.	
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Principal Place of Business 1954 HOWELL BRANCH RD #200 WINTER PARK, FL 32792 US	Mailing Address 1954 HOWELL BRANCH RD #200 WINTER PARK, FL 32792 US
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FLS Number 59-2948661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  SARAH L. O'BRIEN 770 BROOKSIDE ROAD MAITLAND, FL 32751	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000105993 04/07/04-80049-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, JAMES E. 770 BROOKSIDE RD MAITLAND, FL 32751
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** James E. O'Brien 4/3/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #