


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90182 018 ***150.00

DOCUMENT # P00000029725

1. Entity Name
O'BRIEN INSURANCE AGENCY, INC.



Principal Place of Business: **831 NORTHEAST HIGHWAY 19, CRYSTAL RIVER, FL 34429**

Mailing Address: **831 NORTHEAST HIGHWAY 19, CRYSTAL RIVER, FL 34429**

24072233



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

03262004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3652866**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **O'BRIEN, MICHAEL A SR., 831 NE HWY 19, CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent: Name, Street Address, City, State (FL), Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE: P | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: O'BRIEN, MICHAEL A SR | | NAME: | |
| STREET ADDRESS: 831 NORTHEAST HIGHWAY 19 | | STREET ADDRESS: | |
| CITY-ST-ZIP: CRYSTAL RIVER, FL 34429 | | CITY-ST-ZIP: | |
| TITLE: VSTD | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: STENTZ, GERRI L | | NAME: | |
| STREET ADDRESS: 831 NORTHEAST HIGHWAY 19 | | STREET ADDRESS: | |
| CITY-ST-ZIP: CRYSTAL RIVER, FL 34429 | | CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | NAME: | |
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| NAME: | | NAME: | |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | CITY-ST-ZIP: | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael Obrien* x DATE: *5-31-04* 352-563-0749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #