
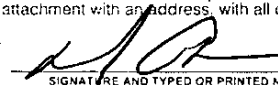


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90165 012 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P00000029725</b><br>1. Entity Name<br><b>O'BRIEN INSURANCE AGENCY, INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>831 NORTHEAST HIGHWAY 19<br/>CRYSTAL RIVER, FL 34429</b>   |   |   | Mailing Address<br><b>831 NORTHEAST HIGHWAY 19<br/>CRYSTAL RIVER, FL 34429</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  | Country   | 03162007 Chg-P  |   | CR2E034 (12/06)   |  |
| 4. FEI Number<br><b>59-3652866</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate or Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>O'BRIEN, MICHAEL A SR.<br/>831 NE HWY 19<br/>CRYSTAL RIVER, FL 34429</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |   |  |
| 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 re-filing) DATE _____  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 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> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <b>P<br/>O'BRIEN, MICHAEL A SR<br/>831 NORTHEAST HIGHWAY 19<br/>CRYSTAL RIVER, FL 34429</b>   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <b>VP<br/>O'BRIEN, JR, MICHAEL R<br/>831 NORTHEAST HIGHWAY 19<br/>CRYSTAL RIVER, FL 34429</b> | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <b>STD<br/>STENTZ, GERRI L<br/>831 NORTHEAST HIGHWAY 19<br/>CRYSTAL RIVER, FL 34429</b>       | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b>   |   | Date: <b>4-16-07</b> Daytime Phone #: <b>352-563-0749</b>   |   |   |  |