


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3652866	Applied For Not Applicable
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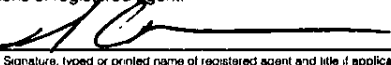
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, MICHAEL A SR.  
831 NE HWY 19  
CRYSTAL RIVER, FL 34429

**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  DATE 4-21-08

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P O'BRIEN, MICHAEL A SR 831 NORTHEAST HIGHWAY 19 CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, JR, MICHAEL R 831 NORTHEAST HIGHWAY 19 CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STENTZ, GERRI L 831 NORTHEAST HIGHWAY 19 CRYSTAL RIVER, FL 34429
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/12/08-80015-017 150.00

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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**

Date 4-21-08 Daytime Phone # 352-563-0749