

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029725

FILED
Apr 06, 2011
Secretary of State

Entity Name: O'BRIEN INSURANCE AGENCY, INC.

Current Principal Place of Business:

831 NORTHEAST HIGHWAY 19
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

831 NORTHEAST HIGHWAY 19
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-3652866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: O'BRIEN, MICHAEL A SR
Address: 831 NORTHEAST HIGHWAY 19
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP
Name: O'BRIEN, MICHAEL R JR
Address: 831 NORTHEAST HIGHWAY 19
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: STD
Name: STENTZ, GERRI L
Address: 831 NORTHEAST HIGHWAY 19
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A O'BRIEN, SR

PRES

04/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date