

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029725

FILED  
Apr 17, 2012  
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: VPST  
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: GERRI L STENTZ

VP

04/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date