

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000043949

1. Entity Name
NANCEE L. O'BRIEN, P.A.



Principal Place of Business
3409 BEDFORE CT.
NAPLES, FL 34112 US

Mailing Address

3409 BEDFORE CT.
NAPLES, FL 34112 US

2. Principal Place of Business

4818 Berkley Dr
Suite, Apt. #, etc.

3. Mailing Address

4818 Berkley Dr
Suite, Apt. #, etc.

City & State
Naples FL

Zip 34112 Country

City & State
Naples FL

Zip 34112 Country

4. FEI Number
59-3718657

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'BRIEN, NANCEE L
3409 BEDFORD CT.
NAPLES, FL 34112

Name

Street Address (P.O. Box Number is Not Acceptable)

4818 Berkley Dr

City Naples

FL Zip Code 34112

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 *Nancee L O'Brien* *Nancee L O'Brien*

3-14-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 PTSD
NAME O'BRIEN, NANCEE L
STREET ADDRESS 3409 BEDFORE CT.
CITY-ST-ZIP NAPLES, FL 34112

Delete

TITLE PTSD
NAME O'Brien Nancee L
STREET ADDRESS 4818 Berkley Dr
CITY-ST-ZIP Naples, FL 34112

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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: *Nancee L O'Brien* *Nancee L O'Brien* 3-14-05 239-777-6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED
Mar 18, 2005 8:00 am
Secretary of State**

03-18-2005 90050 045 ***150.00