

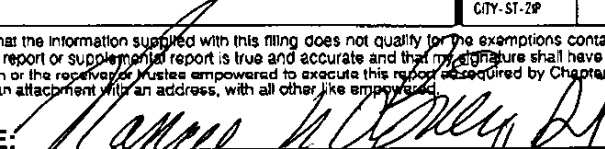
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PAY PRO ENT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90284 032 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000043949 1. Entity Name NANCEE L. O'BRIEN, P.A.			
Principal Place of Business 4818 BERKLEY DR NAPLES, FL 34112 US		Mailing Address 4818 BERKLEY DR NAPLES, FL 34112 US	
2. Principal Place of Business 127 Muirfield Cir. Suite, Apt. #, etc.		3. Mailing Address 127 Muirfield Cir. Suite, Apt. #, etc.	
City & State NAPLES, FL Zip 34113		City & State NAPLES, FL Zip 34113	
Country USA		Country USA	
6. Name and Address of Current Registered Agent O'BRIEN, NANCEE L 4818 BERKELEY DR NAPLES, FL 34112		7. Name and Address of New Registered Agent Name O'Brien, Nancee L. Street Address (P.O. Box Number is Not Acceptable) 127 Muirfield Cir. City NAPLES FL, FL Zip Code 34113	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		B. 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD O'BRIEN, NANCEE L 4818 BERKELEY DR NAPLES, FL 34112 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD O'Brien, Nancee L. 127 Muirfield Cir. NAPLES, FL, 34113 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 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: 		Date 4-5-06	

60027893



03232006 Chg-P CR2E034 (11/05)

 4. FEI Number
 59-3718657

 Applied For
 Not Applicable

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