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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.

60027893

Principal Place of Business	Mailing Address
4818 BERKLEY DR NAPLES, FL 34112 US	4818 BERKLEY DR NAPLES, FL 34112 US

03232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
127 MuirField Cir.	127 MuirField Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPlES. Flo	City & State: NAPlES, Flo
Zip: 34113 Country: USA	Zip: 34113 Country: USA

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**

O'BRIEN, NANCEE L
4818 BERKELEY DR
NAPLES, FL 34112

7. **Name and Address of New Registered Agent**

Name: OBrien, 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 ____________________ DATE
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, 2006 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 / 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 oBrien, 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
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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: Nancee L. O'Brien [signature] 4-5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #