

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90065 049 ***150.00

DOCUMENT # P01000061770					
1. Entity Name M.P. O'BRIEN, INC.					
Principal Place of Business 715 NAPOLI LANE NEW SMYRNA BEACH, FL 32168			Mailing Address 715 NAPOLI LANE NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3724083	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'BRIEN, MICHAEL P 2715 NAPOLI LANE NEW SMYRNA BEACH, FL 32168			7. Name and Address of New Registered Agent		
Name			SAME		
Street Address (P.O. Box Number is Not Acceptable)					
City			FL		
Zip Code					
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: <i>[Signature]</i> 2-7-07					
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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST O'BRIEN, MICHAEL P 2715 NAPOLI LANE NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VISE. PRESIDENT DAVID BROOKS 715 NAPOLI LN NEW SMYRNA FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAYMOND, VAWDY K 715 NAPOLI LN NEW SMYRNA BCH, FL 32168		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VISE. PRESIDENT IRINA O'BRIEN 715 NAPOLI LN NEW SMYRNA FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, ERIC 115 NAPOLI LN NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLEY, PETER 715 NAPOLI LN NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Michael O'Brien</i> 2-7-07 386 383-2578					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40013134



02092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3724083

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

7. Name and Address of New Registered Agent

Name: **SAME**

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

City: **FL** Zip Code:

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SIGNATURE: *[Signature]* **2-7-07**

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SIGNATURE: *Michael O'Brien* **2-7-07** **386 383-2578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #