

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061770

Entity Name: M.P. O'BRIEN, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

715 NAPOLI LANE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

715 NAPOLI LANE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3724083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, MICHAEL P
2715 NAPOLI LANE
NEW SMYRNA BEACH, FL 32168 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: O'BRIEN, MICHEAL P
Address: 2715 NAPOLI LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V () Delete
Name: VAN DYK, RAYMOND
Address: 715 NAPOLI LN
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: V () Delete
Name: BROOKS, DAVID
Address: 715 NAPOLI LN
City-St-Zip: NEW SMYRNA, FL

Title: V () Delete
Name: O'BRIEN, IRINA
Address: 715 NAPOLI LN
City-St-Zip: NEW SMYRNA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MCCARTER, CHARLES
Address: 715 NAPOLI LN
City-St-Zip: NEW SMYRNA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL OBRIEN

P

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date