

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000121217 1. Entity Name KELLY O'BRIEN, P.A.	
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Principal Place of Business 7230 WESTPOINTE BLVD. 1222 ORLANDO, FL 32835	Mailing Address 7230 WESTPOINTE BLVD. 1222 ORLANDO, FL 32835
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05012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FFI Number 02-0535935	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'BRIEN, KELLY 7230 WESTPOINTE BLVD. 1222 ORLANDO, FL FL
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**DO NOT WRITE
IN THIS SPACE**

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 _____
(Print or type printed name of registered agent and title if applicable) (Print, Registered Agent signature required when re-electing) DATE _____

9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BRIEN, KELLY 7230 WESTPOINTE BLVD., NO. 1222 ORLANDO, FL 32835
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05/04/04-B0051-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kelly O'Brien
KELLY O'BRIEN

4/30/04

407-257-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #