
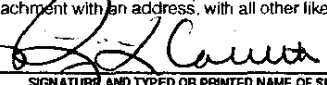


FILED  
Apr 28, 2004 8:00 am  
Secretary of State

04-28-2004 90283 010 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P02000077070</b>			
1. Entity Name <b>OP BRANDON, INC.</b>			
Principal Place of Business <b>2111 GLENWOOD DRIVE STE 202 WINTER PARK, FL 32792</b>		Mailing Address <b>2111 GLENWOOD DRIVE STE 202 WINTER PARK, FL 32792</b>	
2. Principal Place of Business <b>701 Victoria Street</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Brandon, FL</b>		City & State	
Zip <b>33510</b>	Country <b>Hillsborough</b>	Zip	Country
4. FEI Number <b>14-1860657</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04142004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DEERING, LAWRENCE R <input type="checkbox"/> Delete 200 CORPORATE CENTER DR STE 360 MOON TOWNSHIP, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lawrence R. Deering 800 Concourse Parkway S., Suite 200 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete CURCIO, EUGENIO R 200 CORPORATE CENTER DR STE 360 MOON TOWNSHIP, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eugene R. Curcio 800 Concourse Parkway S., Suite 200 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO <input type="checkbox"/> Delete CONTE, JOSEPH D 200 CORPORATE CENTER DR STE 360 MOON TOWNSHIP, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph D. Conte 800 Concourse Parkway S., Suite 200 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CORSETTI, ROSEMARY L 200 CORPORATE CENTER DRIVE SUITE 360 MOON TOWNSHIP, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rosemary L. Corsetti One Oxford Centre, 20th Floor, 301 Grant St. Pittsburgh, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Rosemary L. Corsetti 4/19/04 (412) 281-4420	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary Date Daytime Phone #	