

2005 FOR PROFIT CORPORATION ANNUAL REPORT

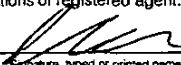
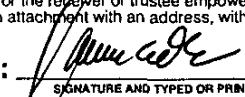
FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90290 032 ***150.00

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000053021					
1. Entity Name J.E. O'BRIEN GROUP INC					
Principal Place of Business 6508 STONEHURST CIRCLE LAKE WORTH, FL 33467			Mailing Address 6508 STONEHURST CIRCLE LAKE WORTH, FL 33467		
2. Principal Place of Business 6685 Forest Hill Blvd. Suite, Apt. #, etc. Suite 211 City & State Greenacres, FL Zip 33413		3. Mailing Address - see # 2 Suite, Apt. #, etc. City & State Country Zip Country			
4. FEI Number 75-3114940		Applied For Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING INC 1403 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name 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  DATE 4/15/05 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, 2005 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	P O'BRIEN, JAMES E 6508 STONEHURST CIRCLE LAKE WORTH, FL 33467 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James E. O'Brien 6685 Forest Hill Blvd, suite 211 Greenacres FL 33413 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: 			4/15/05 561 889 0829 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					