

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155200

Entity Name: O.B. SURVEYS, INC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

215 W. RIVERSIDE DRIVE  
JUPITER, FL 33469

## New Principal Place of Business:

## Current Mailing Address:

215 W. RIVERSIDE DRIVE  
JUPITER, FL 33469 US

## New Mailing Address:

FEI Number: 41-2161764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'BRIEN, MICHAEL  
215 W. RIVERSIDE DRIVE  
JUPITER, FL 33469 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: P ( ) Delete  
Name: O'BRIEN, MICHAEL  
Address: 215 W. RIVERSIDE DRIVE  
City-St-Zip: JUPITER, FL 33469

Title: TREA ( ) Delete  
Name: O'BRIEN, SHARI  
Address: 215 W. RIVERSIDE DRIVE  
City-St-Zip: JUPITER, FL 33469 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SHARI OBRIEN

TREA

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date