

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000026778

1. Entity Name
GEORGIA O'BRIEN, P.A.



Principal Place of Business
5089 SW ORCHID BAY DRIVE
PALM CITY, FL 34990

Mailing Address
5089 SW ORCHID BAY DRIVE
PALM CITY, FL 34990

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2404691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'BRIEN, GEORGIA H
5089 SW ORCHID BAY DRIVE
PALM CITY, FL 34990

**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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'BRIEN, GEORGIA H
STREET ADDRESS	5089 SW ORCHID BAY DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Georgia H. O'Brien* **GEORGIA H. O'BRIEN 42608 772 521-0032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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05/21/08-80081-004 150.00

**DO NOT WRITE
IN THIS SPACE**