## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000025974

Entity Name: O'BRIEN & ASSOCIATES MORTGAGE SERVICES, INC.

FILED Apr 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

218 S.E. 26TH STREET 4406 S.E. 16TH PLACE CAPE CORAL, FL 33904

**UNIT 102** 

CAPE CORAL, FL 33904

**Current Mailing Address: New Mailing Address:** 

4406 S.E. 16TH PLACE 218 S.E. 26TH STREET **UNIT 102** CAPE CORAL, FL 33904

CAPE CORAL, FL 33904

FEI Number: 20-4431835 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'BRIEN, RYAN C O'BRIEN, RYAN C 218 S.E. 26TH STREET 4406 S.E. 16TH PLACE CAPE CORAL, FL 33904 US **UNIT 102** 

CAPE CORAL, FL 33904 US

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: 04/12/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

O'BRIEN, RYAN C O'BRIEN, RYAN C Name: Name: 218 S.E. 26TH STREET 4406 S.E. 16TH PLACE UNIT 102 Address: Address:

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition

O'BRIEN, KATHRYN T Name: O'BRIEN, KATHRYN T Name: 1005 S.W. 51ST TERRACE 4406 S.E. 16TH PLACE UNIT 102 Address: Address:

CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip:

Title: Title: (X) Change ( ) Addition S/T ( ) Delete S/T DETRICK, DANNY J Name: DETRICK, DANNY J Name:

17800 CASTLE HARBOR DR. 4406 S.E. 16TH PLACE UNIT 102 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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.

VΡ SIGNATURE: KATHRYN T. O'BRIEN 04/12/2007