

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17938

FILED
Jan 16, 2004
Secretary of State

Entity Name: ROBERT P. O'BRIEN ENTERPRISES, INC.

Current Principal Place of Business:

9748 FLATTOP DRIVE
CINCINNATI, OH 452511404

New Principal Place of Business:

Current Mailing Address:

9748 FLATTOP DRIVE
CINCINNATI, OH 452511404

New Mailing Address:

FEI Number: 31-1144358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'BRIEN, MOLLIE C.
9184 KINGSLEY STREET
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

O'BRIEN, MOLLIE C.
9184 S.E. KINGSLEY STREET
HOBE SOUND, FL 33455 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: MOLLIE C. O'BRIEN

01/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CC () Delete
Name: O'BRIEN, ROBERT P.,
Address: 9748 FLATTOP DRIVE
City-St-Zip: CINCINNATI, OH

Title: P () Delete
Name: O'BRIEN, MICHAEL P.,
Address: 3748 SUSANNA DRIVE
City-St-Zip: CINCINNATI, OH

Title: T () Delete
Name: LONG, JAMES,
Address: 6645 COLERAIN AVE
City-St-Zip: CINCINNATI, OH

Title: S () Delete
Name: HUMBERT, ROBERT
Address: 9208 WEST ROAD
City-St-Zip: CLEVELS, OH 45002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CC (X) Change () Addition
Name: O'BRIEN, ROBERT P.,
Address: 9748 FLATTOP DRIVE
City-St-Zip: CINCINNATI, OH 45251

Title: P (X) Change () Addition
Name: O'BRIEN, MICHAEL P.,
Address: 3748 SUSANNA DRIVE
City-St-Zip: CINCINNATI, OH 45251

Title: T (X) Change () Addition
Name: LONG, JAMES,
Address: 6645 COLERAIN AVE
City-St-Zip: CINCINNATI, OH 45239

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL P. O'BRIEN

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01/16/2004

Electronic Signature of Signing Officer or Director

Date