


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P94000091967 1. Entity Name O'BRIEN'S GARAGE, INC. |  |
|--|---|



02082008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3284377 | 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, ANTHONY W 5121 E. SILVER SPRINGS BLVD. SILVER SPRINGS, FL 34488 |
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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 NAME STREET ADDRESS CITY-ST-ZIP | PD O'BRIEN, ANTHONY W PD 5121 E. SILVER SPRINGS BLVD. SILVER SPRINGS, FL 34488 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WATKINS, SYBIL S 6580 NE 1ST LANE OCALA, FL 34470 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WATKINS, DAVID W VP 6580 NE 1ST LANE OCALA, FL 34470 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000839901
03/06/08-80027-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Mathew SYBIL WATKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2008 (352) 236-4540
Date Daytime Phone #