## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 24, 2005 08:00 AM DOCUMENT # P98000036072 **Secretary of State** 1. Entity Name THE O'BRIEN CORPORATION Principal Place of Business Mailing Address 221 GULL DRIVE SOUTH 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FE! Number Applied For 59-3507678 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'BRIEN, DANIEL M Street Address (P.O. Box Number is Not Acceptable) 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete HILE Change Addition TITLE NAME O'BRIEN, DANIEL M U00000274946 221 GULL DRIVE SOUTH STREET ADDRESS STREET ADDRESS 03/24/05-80031-025 150.00 CITY-ST-ZIP DAYTONA BEACH FL 32119 CITY-SE-ZIP Change Delete TITLE ☐ Addition O'BRIEN, VIRGINIA D NAME MAKAE STREET ADDRESS 221 GULL DRIVE SOUTH STREET ADDRESS. DAYTONA BEACH FL 32119 CITY-ST-ZIF CITY- ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change THUE Addition ☐ Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-ST-ZIP Delete Change ☐ Addition TITLE DINE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP City-51-212 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 approximated.

FILED

Daytime Phone #

Date