

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000051539

FILED
Dec 18, 2009
Secretary of State**Entity Name:** O'BRIEN IMPORTS OF FT. MYERS, INC.**Current Principal Place of Business:**2850 COLONIAL BLVD
FORT MYERS, FL 33912 US**New Principal Place of Business:**2850 COLONIAL BLVD
FORT MYERS, FL 33966 US**Current Mailing Address:**2850 COLONIAL BLVD
FORT MYERS, FL 33912 US**New Mailing Address:**2850 COLONIAL BLVD
FORT MYERS, FL 33966 US**FEI Number:** 37-1373502**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: OBRIEN, JOSEPH D
Address: 2850 COLONIAL BLVD
City-St-Zip: FT MYERS, FL 33912

Title: P () Delete
Name: OBRIEN JR, JOSEPH D
Address: 2850 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33912

Title: S () Delete
Name: BYRD, SUE
Address: 2850 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33912

Title: V (X) Delete
Name: MATERN, GARY M
Address: 2850 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: OBRIEN, JOSEPH D
Address: 2850 COLONIAL BLVD
City-St-Zip: FT MYERS, FL 33966

Title: P (X) Change () Addition
Name: OBRIEN, JOSEPH D
Address: 2850 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33966

Title: S (X) Change () Addition
Name: WOODWARD, CARL S
Address: 2850 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33966

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

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

SIGNATURE: JOSEPH D O'BRIEN

P

12/18/2009

Electronic Signature of Signing Officer or Director

Date