

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

06 MAR 14 11:10:50

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DOCUMENT # P99000059167

1. Entity Name
J O'BRIEN, INC.



Principal Place of Business
5987 HERON POND DR
PORT ORANGE, FL 32128

Mailing Address
5987 HERON POND DR
PORT ORANGE, FL 32128



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3580302

Applied For
 No, Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, JANE
5987 HERON POND DR.
PORT ORANGE, FL 32128

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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 filer (Applicable) (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	O'BRIEN, JANE
STREET ADDRESS	5987 HERON POND DR
CITY - ST - ZIP	PORT ORANGE, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3/19/06 JB

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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 names empowered.

SIGNATURE: Jane S. O'Brien 3-10-06 (386) 299-1707

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

Jane S. O'Brien 3-10-06 (386) 299-1707