

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr. 20, 2005 08:00 AM
Secretary of State

DOCUMENT # S11983

1. Entity Name
OB FOUR, INC.



Principal Place of Business
2556 UNIVERSITY DR.
CORAL SPRINGS, FL 33065

Mailing Address
2556 UNIVERSITY DR.
CORAL SPRINGS, FL 33065



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0231981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, LARRY
2556 UNIVERSITY DR
CORAL SPRINGS, FL 33065

**DO NOT WRITE
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

Thomas M. O'Brien, President

04/10/05

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, 2005 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

DP
O'BRIEN, THOMAS
2556 UNIVERSITY DR.
CORAL SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
O'BRIEN, BOB
2556 UNIVERSITY DR.
CORAL SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
O'BRIEN, LARRY
2556 UNIVERSITY DR.
CORAL SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT
BLANK, PAT
2556 UNIVERSITY DR.
CORAL SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000318358
04/20/05-80053-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

Thomas M. O'Brien, President 04/10/05 954-263-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #