

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 Mailing Address
 2556 UNIVERSITY DR. 2556 UNIVERSITY DR.
 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0231981	Applied For Not Applicable
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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

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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:  **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	

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 04/20/05-80053-023 150.00

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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 #