

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029725

Entity Name: O'BRIEN INSURANCE AGENCY, INC.

Current Principal Place of Business:

831 NORTHEAST HIGHWAY 19
CRYSTAL RIVER, FL 34429

Current Mailing Address:

831 NORTHEAST HIGHWAY 19
CRYSTAL RIVER, FL 34429

FEI Number: 59-3652866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'BRIEN, MICHAEL ASR.
831 NE HWY 19
CRYSTAL RIVER, FL 34429 US

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

Officer/Director Detail :

Title	P	Title	VPST
Name	O'BRIEN, MICHAEL ASR	Name	STENTZ, GERRI L
Address	831 NORTHEAST HIGHWAY 19	Address	831 NORTHEAST HIGHWAY 19
City-State-Zip:	CRYSTAL RIVER FL 34429	City-State-Zip:	CRYSTAL RIVER FL 34429

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A O'BRIEN

PRESIDENT

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date