

**2023 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  
Name O'BRIEN, MICHAEL ASR  
Address 831 NORTHEAST HIGHWAY 19  
City-State-Zip: CRYSTAL RIVER FL 34429

Title VPST  
Name STENTZ, GERRI L  
Address 831 NORTHEAST HIGHWAY 19  
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:** GERRI STENTZ

VP

01/24/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date