2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N04000008657

Entity Name: SHAMROCK INDUSTRIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 3099
DUBIN, GA 31040

New Principal Place of Business:

PO BOX 3099
DUBIN, GA 31027

Current Mailing Address:

PO BOX 3099
DUBIN, GA 31040

New Mailing Address:

PO BOX 3099
DUBIN, GA 31027

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, BRIAN D
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GRAHAM, CLAUDE
Address: PO BOX 3099
City-St-Zip: DUBIN, GA 31040

Title: DV ( ) Delete
Name: GRAHAM, TED
Address: PO BOX 3099
City-St-Zip: DUBIN, GA 31040

Title: DST ( ) Delete
Name: GRAHAM, JIM
Address: PO BOX 3099
City-St-Zip: DUBIN, GA 31040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GRAHAM, CLAUDE
Address: PO BOX 3099
City-St-Zip: DUBIN, GA 31027

Title: DV (X) Change ( ) Addition
Name: GRAHAM, TED
Address: PO BOX 3099
City-St-Zip: DUBIN, GA 31027

Title: DST (X) Change ( ) Addition
Name: GRAHAM, JIM
Address: PO BOX 3099
City-St-Zip: DUBIN, GA 31027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE GRAHAM DP 01/06/2005

Electronic Signature of Signing Officer or Director — Date