## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008657

FILED Jan 20, 2009 Secretary of State

Entity Name: SHAMROCK INDUSTRIAL CENTER PROPERTY OWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1103 HWY 29 SOUTH 8470 NE 44TH DRIVE EAST DUBLIN, GA 31027 WILDWOOD, GL 34785 **Current Mailing Address: New Mailing Address:** PO BOX 3099 **DUBIN, GA 31027** FEI Number: 20-1723549 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUDSON, BRIAN D 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition GRAHAM, CLAUDE Name: Name: Address: PO BOX 3099 Address: City-St-Zip: **DUBIN, GA 31027** City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: GRAHAM, TED Name: Address: PO BOX 3099 Address: City-St-Zip: **DUBIN, GA 31027** City-St-Zip: Title: DST () Delete Title: () Change () Addition GRAHAM, JIM Name: Name: PO BOX 3099 Address: Address: City-St-Zip: **DUBIN. GA 31027** City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 01/20/2009