

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # J97310

1. Entity Name
SHAMROCK SECURITY SYSTEMS, INC.



Principal Place of Business
**834 NORTH MAGNOLIA AVENUE
OCALA, FL 34475 US**

Mailing Address
**834 NORTH MAGNOLIA AVENUE
OCALA, FL 34475 US**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2872597

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**FUTCH, R. WILLIAM ESQ
756 SW 16 AVE
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006 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
**PD
YANDLE, LANAS CLARK
834 N MAGNOLIA AVE
OCALA, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DONOVAN, MICHAEL
834 N. MAGNOLIA AVENUE
OCALA, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
YANDLE, MARY
834 N. MAGNOLIA AVE.
OCALA, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
YANDLE, LANAS CLARK
834 N. MAGNOLIA AVE.
OCALA, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
YANDLE, MARY
834 N. MAGNOLIA AVE.
OCALA, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000534677
05/08/06-80022-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lanas C. Yandle
Lanas C. Yandle

04-25-2006 -352-732-30

Date

Daytime Phone #