

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005555

1. Entity Name
 SHAMROCK DEVELOPMENT OF INDIANA, INC.



Principal Place of Business
 5775 NIMTZ PARKWAY, SUITE 200
 SOUTH BEND, IN 46628

Mailing Address
 5775 NIMTZ PARKWAY, SUITE 200
 SOUTH BEND, IN 46628



01122006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 35-1405922 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (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	PC
NAME	MISCHEL, WILLIAM G
STREET ADDRESS	51766 OAKBROOK COURT
CITY-ST-ZIP	GRANGER, IN 46530
TITLE	VD
NAME	WAWRZYNIAK, JON A
STREET ADDRESS	51621 WATERWATCH COURT
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	DS
NAME	HANOVER, DAVID P
STREET ADDRESS	1341 ROELKE DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/19/06-80063-016 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM G. MISCHEL / PRESIDENT** 1/12/06 574-245-7
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #