


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |  |                               |
|--|---|--|-------------------------------|
| <b>DOCUMENT # G46893</b>   |   |                                       |                               |
| 1. Entity Name<br><b>SHAMROCK STABLES, INC.</b>  |   |  |                               |
| Principal Place of Business<br><b>9478 W MARQUETTE LANE<br/>CRYSTAL RIVER, FL 34428 US</b>   |   | Mailing Address<br><b>9478 W MARQUETTE LANE<br/>CRYSTAL RIVER, FL 34428 US</b>   |                               |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |  |                               |
| 6. Name and Address of Current Registered Agent<br><br><b>HAYNES, SHIRLEY A.<br/>9478 W MARQUETTE LANE<br/>34428AL RIVER, FL 34428</b>   |   | 04262006 No Chg-P CR2E034 (11/05)  |                               |
|  |   | 4. FEI Number<br><b>59-2297358</b>   | Applied For<br>Not Applicable |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                        |                               |
| 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.  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |                               |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |                               |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                               |
| 10. OFFICERS AND DIRECTORS   |   |  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SPT<br>HAYNES, SHIRLEY A.<br>9478 W MARQUETTE LANE<br>CRYSTAL RIVER, FL | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CD<br>GERRITS, EDWARD G.<br>9478 W. MARQUETTE LANE<br>CRYSTAL RIVER, FL |  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |                               |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |                               |
| 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 if changed, or on an attachment with an address, with all other like empowered. |   |  |                               |
| SIGNATURE: <i>Shirley A. Haynes</i>  |   | Shirley A. Haynes 4/24/06 352-795-1906   |                               |