

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # J22436

1. Entity Name
SHAMROCK INVESTMENTS OF FORT PIERCE, INC.



Principal Place of Business
**C/O MCALPIN, CAVALCANTI & LEWIS, CPAS
PO BOX 3688
FORT PIERCE, FL 34948**

Mailing Address
**C/O MCALPIN, CAVALCANTI & LEWIS, CPAS
PO BOX 3688
FORT PIERCE, FL 34948**

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2692662

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COLE, ROBERT G
8618 WHITE EGRET WAY
LAKE WORTH, FL 33467**

**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 reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**PVST
COLE, ROBERT G
8618 WHITE EGRET WAY
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COLE, ROBERT G
8618 WHITE EGRET WAY
LAKE WORTH, FL 33467**

TITLE
NAME
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**U00000613383
02/05/07-80037-001 150.00**

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

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B.G. COLE, SR.

7 JAN 07

561-963-6120

President