


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90026 024 ***150.00

DOCUMENT # J76694
 1. Entity Name
 IRISH POP, INC.



40051525



Principal Place of Business
 2780 NORTH FLORIDA AVE.
 HERNANDO, FL 34442 US

Mailing Address
 2780 NORTH FLORIDA AVE.
 STE. 14
 HERNANDO, FL 34442 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03192007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-2819990

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 POE, GARY A.
 103 N. APOPKA AVE.
 INVERNESS, FL 34451

7. Name and Address of New Registered Agent
 Name
 Sargent, Patricia
 Street Address (P.O. Box Number is Not Acceptable)
 1330 N. Paul Dr.
 City
 Inverness, FL Zip Code
 34453

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 Patricia Sargent - Patricia Sargent DATE 4-2-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 PVTD	NAME WINISKI, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5671 S BARCO TERR	CITY-ST-ZIP INVERNESS, FL 34452	
TITLE SD	NAME SPANGLER, DONNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1132 WOOD CREST AVE	CITY-ST-ZIP INVERNESS, FL 34453	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME Richard A. Wakefield	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1330 N. Paul Dr.	CITY-ST-ZIP Inverness, FL 34453	
TITLE VMT	NAME Dennis C. Sargent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1330 N. Paul Dr.	CITY-ST-ZIP Inverness, FL 34453	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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: Dennis C. Sargent DATE: 4-4-07 DAYTIME PHONE #: 352-344-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR