



2005 FOR PROFIT CORPORATION ANNUAL REPORT

Sec 150

FILED
Apr 28, 2005 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02152005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2872597	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FUTCH, R. WILLIAM ESQ 756 SW 16 AVE OCALA, FL 34471				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YANDLE, LANAS CLARK 834 N MAGNOLIA AVE OCALA, FL 34475	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DONOVAN, MICHAEL 834 N. MAGNOLIA AVENUE OCALA, FL 34475	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YANDLE, MARY 834 N. MAGNOLIA AVE. OCALA, FL 34475	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST YANDLE, LANAS CLARK 834 N. MAGNOLIA AVE. OCALA, FL 34475	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS YANDLE, MARY 834 N. MAGNOLIA AVE. OCALA, FL 34475	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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>Lanas Clark</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
04-26-05-352-932-3000					