

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**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



03062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2872597

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FUTCH, R. WILLIAM ESQ  
756 SW 16 AVE  
OCALA, FL 34471

**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 reinstating)

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 PD  
NAME YANDLE, LANAS CLARK  
STREET ADDRESS 834 N MAGNOLIA AVE  
CITY-ST-ZIP Ocala, FL 34475

TITLE V  
NAME DONOVAN, MICHAEL  
STREET ADDRESS 834 N. MAGNOLIA AVENUE  
CITY-ST-ZIP Ocala, FL 34475

TITLE V  
NAME YANDLE, MARY  
STREET ADDRESS 834 N. MAGNOLIA AVE.  
CITY-ST-ZIP Ocala, FL 34475

TITLE ST  
NAME YANDLE, LANAS CLARK  
STREET ADDRESS 834 N. MAGNOLIA AVE.  
CITY-ST-ZIP Ocala, FL 34475

TITLE AS  
NAME YANDLE, MARY  
STREET ADDRESS 834 N. MAGNOLIA AVE.  
CITY-ST-ZIP Ocala, FL 34475

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000732851

05/09/07-80064-001 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-07

Date

352-732-3000

Daytime Phone #