

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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| 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 |



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 59-2872597 | Applied For <input type="checkbox"/> Not Applicable |
| 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 | | 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, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000939408 05/28/08-80027-021 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD YANDLE, LANAS CLARK 834 N MAGNOLIA AVE OCALA, FL 34475 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DONOVAN, MICHAEL 834 N. MAGNOLIA AVENUE OCALA, FL 34475 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V YANDLE, MARY 834 N. MAGNOLIA AVE. OCALA, FL 34475 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST YANDLE, LANAS CLARK 834 N. MAGNOLIA AVE. OCALA, FL 34475 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS YANDLE, MARY 834 N. MAGNOLIA AVE. OCALA, FL 34475 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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: Lanas C. Yandle **04-30-2008 352-732-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #