2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05604

Name:

Address:

City-St-Zip:

Entity Name: SHAMROCK AIR CONDITIONING, INC.

FILED Feb 09, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principa	New Principal Place of Business:		
RT 2, BOX MAYO, FL			6550 N.E. CR MAYO, FL 32		JS	
Current M	lailing Addres	ss:	New Mailing Address:			
P O BOX 1 MAYO, FL			6550 N.E. CR MAYO, FL 32		JS	
FEI Number	: 65-0128555	FEI Number Applied For()	FEI Number Not Applical	ble ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:			
JOYNER, RT 2, BOX MAYO, FL	(205 32066 US	submits this statement for the r	ournose of changing its r	renistere:	d office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose or changing its r	cgistere	a office of registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Ago	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (JOYNER, KELL P O BOX 1126 MAYO, FL 320		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T (DERY, LES 1231 W MANG LANTANA, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (DORSEY, AAR 540 SE CIRCL MAYO, FL 320	E DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	() Delete	Title: S		() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KELLI A. JOYNER P 02/09/2006

CHRISTOPHER, JOYNER SR.

6550 NE CR 354

MAYO, FL 32066 US