

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05604

FILED
Apr 17, 2008
Secretary of State

Entity Name: SHAMROCK AIR CONDITIONING, INC.

Current Principal Place of Business:

6550 N.E. CR 354
MAYO, FL 32066 US

New Principal Place of Business:

Current Mailing Address:

6550 N.E. CR 354
MAYO, FL 32066 US

New Mailing Address:

FEI Number: 65-0128555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOYNER, KELLI A
RT 2, BOX 205
MAYO, FL 32066 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOYNER, KELLI A
Address: P O BOX 1126
City-St-Zip: MAYO, FL 32066

Title: T () Delete
Name: DERY, LES
Address: 1231 W MANGO ST
City-St-Zip: LANTANA, FL 33462

Title: V () Delete
Name: DORSEY, AARON J
Address: 540 SE CIRCLE DR
City-St-Zip: MAYO, FL 32066

Title: S (X) Delete
Name: CHRISTOPHER, JOYNER SR.
Address: 6550 NE CR 354
City-St-Zip: MAYO, FL 32066 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOYNER, CHRISTOPHER SR
Address: P O BOX 1126
City-St-Zip: MAYO, FL 32066

Title: T/S (X) Change () Addition
Name: DERY, LES
Address: 1231 W MANGO ST
City-St-Zip: LANTANA, FL 33462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CHRISTOPHER JOYNER, SR.

P

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date