2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2004 8:00 am Secretary of State **DOCUMENT # P00000105271** 02-20-2004 90017 027 ***150 00 SHAMROCK MORTGAGE & INVESTMENTS, INC. Principal Place of Business Mailing Address 13971 US HWY #1 13971 US HWY #1 JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1055115 Not Applicable Country Zìp Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCARTHY_JOHN= Street Address (P.O. Box Number is Not Acceptable) 214 SECOND TERRACE PALM BEACH GARDENS, FL 33418 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be File NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIFLE Delete TITLE ☐ Change ☐ Addition MCCARTHY, JOHN APPLATE NAME STREET ADDRESS **214 2ND TERR** STREET ADDRESS WEST PALM BEACH, FL. 33418 CITY-ST-ZIP City-ST-ZIP TITLS Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S7-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

address, with all other like empowered.

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