

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122024

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: SHAMROCK CONTRACTING SERVICES, INCORPORATED

## Current Principal Place of Business:

801 WEST BAY DRIVE  
#206  
LARGO, FL 33770

## New Principal Place of Business:

36047 US HIGHWAY 19 N  
PALM HARBOR, FL 34684

## Current Mailing Address:

PO BOX 76086  
ST PETERSBURG, FL 33734

## New Mailing Address:

FEI Number: 30-0016989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODS, MARK  
801 WEST BAY DRIVE  
#206  
LARGO, FL 33770 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: VP ( ) Delete  
Name: WOODS, GLORIA  
Address: 700 39TH AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33703

Title: P ( ) Delete  
Name: WOODS, DAVID  
Address: 801 WEST BAY DRIVE  
City-St-Zip: LARGO, FL 33770

Title: S (X) Delete  
Name: WOODS, JAMES  
Address: 700 39 AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: WOODS, DAVID  
Address: 36047 US HIGHWAY 19 N  
City-St-Zip: PALM HARBOR, FL 34684

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: DAVID WOODS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date