

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000092408

1. Entity Name

SHAMROCK DENTAL FRANCHISES, INC.



Principal Place of Business

**1490 PASADENA AVENUE S.
SOUTH PASADENA, FL 33707**

Mailing Address

**1490 PASADENA AVENUE S.
SOUTH PASADENA, FL 33707**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number

54-2078308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRINKLEY, LINSTER ESQ
2350-N 34TH STREET SUITE 110
ST PETERSBURG, FL 33713**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000493740
04/20/06-80017-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	POLL
NAME	POLLOCK, ALBERT B
STREET ADDRESS	P.O. BOX 36003
CITY- ST- ZIP	PETE BEACH, FL 337363603
TITLE	VP
NAME	POLLOCK, STEVEN
STREET ADDRESS	PO BOX 36003
CITY- ST- ZIP	SAINT PETERSBURG, FL 337343603
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06
Date

1-727-367-3679
Daytime Phone #