

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90004 026 ***158.00

DOCUMENT # P02000133579

1. Entity Name

SHAMROCK TRACE DATA, INC.



Principal Place of Business

14B TAMPA DR.
INDIAN LAKE ESTATE FL 33855

Mailing Address

P. O. BOX 7397
INDIAN LAKE ESTATE FL 33855

2. Principal Place of Business

1007 HIGHVIEW DR.
Suite, Apt. #, etc.

3. Mailing Address

1007 HIGHVIEW DR.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LAKE WALES FL

City & State

LAKE WALES FL

4. FEI Number

01076 0093

Applied For

Not Applicable

Zip

33853

Country

USA

Zip

33853

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME HEYNE, WALTER J
STREET ADDRESS 14B TAMPA DR.
CITY-ST-ZIP INDIAN LAKE ESTATE FL 33855

TITLE PSTD ☐ Delete
NAME Heyne, WALTER J.
STREET ADDRESS 1007 HIGHVIEW DR.
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-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 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: Walter J Heyne WALTER J Heyne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

863 678 1744

Daytime Phone #