

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000030104

1. Entity Name
SHAMROCK EXPORTERS, INC.



FILED
Jun 16, 2008 08:00 AM
Secretary of State

Principal Place of Business
6196 LAKE GRAY BOULEVARD
SUITE 102
JACKSONVILLE, FL 32244

Mailing Address
6196 LAKE GRAY BOULEVARD
SUITE 102
JACKSONVILLE, FL 32244



06092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2470832

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVENUE
SUITE A
JACKSONVILLE, FL 32204

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME CROSBY, J. ELLIS JR
STREET ADDRESS 6196 LAKE GRAY BOULEVARD SUITE 102
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE D
NAME CROSBY, RUSSELL B
STREET ADDRESS 6196 LAKE GRAY BOULEVARD SUITE 102
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953141
06/16/08-80001-010 150.00

**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:

J. Ellis Crosby, Jr.

J. Ellis Crosby, Jr.

5-1-08

904 777 2655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #