

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90132 008 \*\*\*150.00

**DOCUMENT # P93000023296**

1. Entity Name  
**SHAMROCK REALTY & DEVELOPMENT INC.**



Principal Place of Business

**860 SE 46 LN  
STE B  
CAPE CORAL, FL 33904 US**

Mailing Address

**860 SE 46 LN  
STE B  
CAPE CORAL, FL 33904 US**

**50006369**



2. Principal Place of Business

**1306 SE 46 LN**  
Suite, Apt. #, etc. **2**

3. Mailing Address

**1306 SE 46 LN**  
Suite, Apt. #, etc. **2**

City & State

**CAPE CORAL FL**

City & State

**CAPE CORAL FL**

Zip **33904**

Country **Lee**

Zip **33904**

Country **Lee**

02262006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0414878**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CICIRETTI, HELEN J  
2932 SW 2ND LANE  
CAPE CORAL, FL 33991**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HELEN CICIRETTI**  
STREET ADDRESS **860 B SE 46 LN**  
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE **VP** ☐ Delete  
NAME **CICIRETTI, HELEN J.**  
STREET ADDRESS **860 B SE 46 LN**  
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE **S** ☐ Delete  
NAME **CICIRETTI, HELEN J.**  
STREET ADDRESS **860 B SE 46 LN**  
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE **T** ☐ Delete  
NAME **CICIRETTI, HELEN J.**  
STREET ADDRESS **860 B SE 46 LN**  
CITY-ST-ZIP **CAPE CORAL, FL**

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

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

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

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

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

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

Date

Daytime Phone #