## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000044312

FILED Apr 23, 2009 Secretary of State

Entity Name: SHAMROCK PLUMBING AND MECHANICAL, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
3557 PLO	/ER AVE			
#6 NAPLES, I	FL 34117	US		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
3557 PLO	/ER AVE			
#6 NAPLES, I	FL 34117	US		
El Number	65-0418336	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
		4		
1490 RAN	NE, WILLIAI DALL BLVD FL 34120	US		
I490 RAN NAPLES, I Γhe above	DAĹL BLVD FL 34120	US	urpose of changing its registered	d office or registered agent, or both,
I490 RAN NAPLES, I Γhe above	DALL BLVD FL 34120 named entite of Florida.	US	urpose of changing its registered	d office or registered agent, or both,
I490 RAN NAPLES, I The above n the State	DALL BLVD FL 34120 named entit e of Florida. RE:	US		d office or registered agent, or both,  Date
I 490 RAN NAPLES, I The above n the State BIGNATUI	DALL BLVD FL 34120  named entite of Florida. RE: Electr	US y submits this statement for the p		
I 490 RAN NAPLES, I The above n the State BIGNATUI	DALL BLVD FL 34120  named entite of Florida. RE: Electr	US y submits this statement for the p onic Signature of Registered Age ing Trust Fund Contribution ( ).	nt	
I 490 RAN NAPLES, I The above n the State BIGNATUI	DALL BLVD FL 34120  named entite of Florida. RE: Electr npaign Finance S AND DIRE	y submits this statement for the ponic Signature of Registered Ageing Trust Fund Contribution ( ).  CTORS: ( ) Delete	nt  ADDITIONS/CHANGE	Date

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: CATHERINE FOSTH CPA CPA 04/23/2009