


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000012817  
 1. Entity Name  
 SHAMROCK INVESTMENTS, INC.



Principal Place of Business: 2415 S BABCOCK SUITE B MELBOURNE, FL 32901 US  
 Mailing Address: 2415 S BABCOCK SUITE B MELBOURNE, FL 32901 US



03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-3301346 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KELLY, ROBERT P  
 2415 SOUTH BADCOCK SUITE B  
 MELBOURNE, FL 32901

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

UN0000338094  
 04/28/05-80022-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KELLY, ROBERT P
STREET ADDRESS	2415 S BADCOCK STE B
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	KELLY, GREGORY W
STREET ADDRESS	2415 S BABCOCK STE B
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	KELLY, EDWARD J
STREET ADDRESS	2415 S BADCOCK STE B
CITY-ST-ZIP	MELBOURNE, FL 32901
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 exemption stated in Section 119.07(3)(f), 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: 4/28/05 Daytime Phone # \_\_\_\_\_