

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90032 049 ***158.75

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1. Entity Name
SHAMROCK LAWN CARE INC.



Principal Place of Business

6260 BERMUDA DRIVE
ORANGE PARK, FL 32003 US

Mailing Address

C/O DAVID A. KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK, FL 32073

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3385211

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVE.
ORANGE PK., FL 32073

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME: **D** ☐ Delete
O'LEARY, LEESA A
STREET ADDRESS: 6260 BERMUDA DR
CITY, ST, ZIP: ORANGE PARK, FL 32003

NAME: **D** ☐ Delete
O'LEARY, THOMAS P
STREET ADDRESS: 6260 BERMUDA DR
CITY, ST, ZIP: ORANGE PARK, FL 32003

NAME: ☐ Delete
STREET ADDRESS:
CITY, ST, ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY, ST, ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY, ST, ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY, ST, ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DVPST** ☒ Change ☐ Addition
NAME: O'Leary, Leesa A.
STREET ADDRESS: 6260 Bermuda Drive
CITY, ST, ZIP: Orange Park, FL 32003

TITLE: **DP** ☒ Change ☐ Addition
NAME: O'Leary, Thomas P.
STREET ADDRESS: 6260 Bermuda Drive
CITY, ST, ZIP: Orange Park, FL 32003

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 278-8645

Daytime Phone