2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P96000036206

Entity Name: SHAMROCK LAWN CARE INC.

Current Principal Place of Business:

6260 BERMUDA DRIVE
ORANGE PARK, FL 32003 US

New Principal Place of Business:

6260 BERMUDA DRIVE
FLEMING ISLAND, FL 32003 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3385211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: DAVID A. KING 01/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: O'LEARY, LEESA A
Address: 6260 BERMUDA DR
City-St-Zip: ORANGE PARK, FL 32003

Title: DP ( ) Delete
Name: O'LEARY, THOMAS P
Address: 6260 BERMUDA DR
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition
Name: O'LEARY, LEESA A
Address: 6260 BERMUDA DR
City-St-Zip: FLEMING ISLAND, FL 32003

Title: DP (X) Change ( ) Addition
Name: O'LEARY, THOMAS P
Address: 6260 BERMUDA DR
City-St-Zip: FLEMING ISLAND, FL 32003

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: THOMAS P. O'LEARY P 01/27/2009
Electronic Signature of Signing Officer or Director Date