

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062912

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** SHAMROCK RESTORATION SERVICES, INC.

**Current Principal Place of Business:**

27091 OSAGE STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

27091 OSAGE ST  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number:** 59-3523763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REYNOLDS, MICHAEL  
27091 OSAGE STREET  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REYNOLDS, MICHAEL  
Address: P.O. BOX 17447  
City-St-Zip: TAMPA, FL 33682

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: REYNOLDS, MICHAEL  
Address: 27091 OSAGE ST.  
City-St-Zip: BROOKSVILLE,, FL 34601

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:** MICHAEL REYNOLDS

PRES

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date