


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90056 013 ***150.00

DOCUMENT # P98000062912

1. Entity Name
SHAMROCK RESTORATION SERVICES, INC.



Principal Place of Business
**27091 OSAGE STREET
 BROOKSVILLE FL 34601**

Mailing Address
**P.O. BOX 17447
 TAMPA FL 33682**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
**27091 Osage St.
 Suite, Apt. #, etc.
 Brooksville FL
 City & State
 Zip **34601** Country **USA****

1st MOORE CR2E034 (10/06)

4. FEI Number **59-3523763** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REYNOLDS, MICHAEL
 27091 OSAGE STREET
 BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent
 Name **Reynolds, Michael**
 Street Address (P.O. Box Number is Not Acceptable)
**27091 OSAGE ST
 Brooksville, FL**
 City **FL** Zip Code **34601**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	P REYNOLDS, MICHAEL P.O. BOX 17447 TAMPA FL 33682	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Date: **2/9/07** Position: **Pres**