

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

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| DOCUMENT # J08440 1. Entity Name SHORT & SONS, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2740 18TH AVE NE NAPLES, FL 34120 US | | | Mailing Address 2740 18TH AVE NE NAPLES, FL 34120 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 3821 8th AVE, S.E. Suite, Apt. #, etc. | | 3. Mailing Address 3821 8th AVE, S.E. Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State NAPLES, FL Zip 34117 | | City & State NAPLES, FL Zip 34117 | | 4. FEI Number 59-2743863 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country COLLIER | | Country COLLIER | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent SHORT, TOM 2740 18TH AVE NE NAPLES, FL 34120 | | | 7. Name and Address of New Registered Agent Name BOB SHORT Street Address (P.O. Box Number is Not Acceptable) 3821 8th AVE, S.E. City NAPLES FL Zip 34117 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>BOB SHORT</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D SHORT, TOM</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2740 18TH AVE NE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">NAPLES, FL 34120</td> </tr> </table> | | | TITLE | D SHORT, TOM | <input checked="" type="checkbox"/> Delete | NAME | | | STREET ADDRESS | 2740 18TH AVE NE | | CITY-ST-ZIP | NAPLES, FL 34120 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P/D BOB SHORT</td> <td style="width:20%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3821 8th AVE, SE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">NAPLES, FL 34117</td> </tr> </table> | | | TITLE | P/D BOB SHORT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | | | STREET ADDRESS | 3821 8th AVE, SE | | CITY-ST-ZIP | NAPLES, FL 34117 | |
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| 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: <u>BOB SHORT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date 4-27-06 | | | | Daytime Phone # 239 289 0601 | | | | | | | | | | | | | | | | | | | | | | | | | |