## 2006 EAD DOOR!T CADDADATIO

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

ANNUAL REPORT				
DOCUMENT # J08440  1. Entity Name SHORT & SONS, INC.				

1. Entity Nam	MENT#JU044U SONS, INC.				)5-02-2006 9	0418 025 ***158	3.75	
Principal Plac	e of Business	Mailing Address		ુ મુખ્ય	,,,,,,,			
2740 18TH / NAPLES, FL		2740 18TH AVE NE NAPLES, FL 34120	JS					
MAFLES, FL	34120 03	16AFELD, FL 34120				P. T. I. Santas Brains (1980) - weight (1980)	416-a 11	
2. Principal P	lace of gustness ALE, S.E.	3. Mailing Address 382 Suite, Apt. #, etc.	Ava SE.	04232006	Chq-P	CR2E034 (11/05)		
Cab a Ca-		Cith & Chair					- No d Con	
City & State	165. FL	NADIS T	L	4. FEI Number 59-27438	63		oplied For ot Applicable	
Zip 24	17 COLLIER	Zip 32417	Country	5. Certificate of S	Status Desired	\$8.75 Add		
71)	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Ad	idress of New Ro	<del> </del>	<u>-</u>	
CHODT T	ON.		Name	3 SHORT	-			
SHORT, T 2740 18TH			Street Address		Ng Acceptable	7		
NAPLES, I	FL 34120		100	71 2 100 1	INA ' F	<u> </u>	<del></del>	
			City			. ZimCoH		
<u> </u>			_ NAT	2155		FL Z		
	named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office or regis	tered agént, or both, i I	in the State of Flor	rida. I am familiar with,	and accept	
the obligations of registered agent.								
CICMATURE	FOR SHORE	T.						
SIGNATURE.	BOB 5 HOR Spretze, speci or primed name of registered agent	and title it applicable. (NOTE:	Registered Agent signature requi	ired when reinstacing)		DATE		
FIL	Styreture, speed or primed name of registered agent.  E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig	n Financing _ \$	ired when reinstating)  5.00 May Be dided to Fees		DATE		
After Ma	E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	n Financing \$ bution. A	5.00 May Be doed to Fees	IANGES TO OFFI	CERS AND DIRECTOR		
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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. Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: