


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90121 001 ***150.00

DOCUMENT # K53036	
1. Entity Name SHOM, INC.	

Principal Place of Business 342 UNION AVE CRESCENT CITY, FL 32112 US	Mailing Address P O BOX 901 CRESCENT CITY, FL 32112 US
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2. Principal Place of Business 118 Old MAIL Rte. Road	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CRESCENT CITY FL	City & State
Zip 32112	Country PUTNAM

01052006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2922071	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NETTLES, TROY A. 342 UNION AVE CRESCENT CITY, FL 32112	7. Name and Address of New Registered Agent Name Troy A. NETTLES Street Address (P.O. Box Number is Not Acceptable) 118 Old MAIL Route Road City CRESCENT CITY FL Zip Code 32112
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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 Troy A. Nettles Signature, typed or printed name of registered agent and title if applicable.	 (NOTE: Registered Agent signature required when reinstating)	12 JAN 06 DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTLES, TROY A. 342 UNION AVE CRESCENT CITY, FL 32112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Troy A Nettles 118 Old MAIL Rte Road CRESCENT CITY FL 32112 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	12 JAN 06 Date	Daytime Phone #
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Troy A Nettles