


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90032 024 ***150.00

DOCUMENT # P04000120920

1. Entity Name
SHORT STOP ELECTRIC, INC.



Principal Place of Business Mailing Address
4609 WESTCONNECT BLVD **4609 WESTCONNECT BLVD**
JACKSONVILLE FL 32210 **JACKSONVILLE FL 32210**

New Address is
1942 Hamilton St Jax Fl 32210 Suite B



2. Principal Place of Business 3. Mailing Address
1942 Hamilton St **1942 Hamilton St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Jax Fl 32210 **Suite B**

2nd MOORE CR2E034 (5/05)

City & State City & State
Suite B **Jax Fl**

Zip Country Zip Country
32210 **FL** **32210** **FL**

4. FEI Number Applied For
42-1640720 Not Applicable

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

6. Name and Address of Current Registered Agent
PETERSON, AARON
4609 WESTCONNECT BLVD
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent
 Name **AARON PETERSON**
 Street Address (P.O. Box Number is Not Acceptable)
6806 Mc Mullin St
 City **Jax** FL Zip Code **32210**

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 *Aaron Peterson* *Aaron Peterson* DATE **8-23-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	DO	<input type="checkbox"/> Delete
NAME	PETERSON, AARON	
STREET ADDRESS	4609 WESTCONNECT BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	O	<input type="checkbox"/> Delete
NAME	JONES, STUART	
STREET ADDRESS	12907 JULINGTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Change of Address	
STREET ADDRESS	1942 Hamilton St	
CITY-ST-ZIP	Jax Fl 32210 Suite B	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Aaron Peterson* *Aaron Peterson* DATE **8-23-05** **(904) 838-9892**
Signature, typed or printed name of signing officer or director Date Telephone #