

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

4609 WESTCONNECT BLVD
JACKSONVILLE FL 32210

Mailing Address

4609 WESTCONNECT BLVD
JACKSONVILLE FL 32210

New Address is

1942 Hamilton St JAX FL 32210 Suite B

2. Principal Place of Business

1942 Hamilton St

3. Mailing Address

1942 Hamilton St

Suite, Apt. #, etc.

JAX FL 32210

Suite, Apt. #, etc.

Suite B

City & State

Suite B

City & State

JAX FL

Zip

32210

Country

FL

Zip

32210

Country

FL

4. FEI Number

42-1640720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (5/05)



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

(NOTE: Registered Agent signature required when reinstating)

8-23-05

DATE

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 ☐ Delete
NAME PETERSON, AARON
STREET ADDRESS 4609 WESTCONNECT BLVD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE O ☐ Delete
NAME JONES, STUART
STREET ADDRESS 12907 JULINGTON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *CHANGE OF ADDRESS* ☒ Change ☐ Addition
NAME
STREET ADDRESS *1942 Hamilton St*
CITY-ST-ZIP *JAX FL 32210 Suite B*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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*

8-23-05

(904) 838-9892