

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90022 011 ***150.00

DOCUMENT # P95000005759	
1. Entity Name SHEFFIELD KNIFEMAKER'S SUPPLY, INC.	

Principal Place of Business 1027 SHADICK DR ORANGE CITY, FL 32763	Wrong Mailing Address Correct PO BOX 741102 P.O. Box 741107 ORANGE CITY, FL 32774-1107
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 741107
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Orange City, FL
Zip	Country USA

	
03092007	Chg-P CR2E034 (12/06)
4. FEI Number 59-3298644	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHEFFIELD, DOROTHY A 1027 SHADICK DR. ORANGE CITY, FL 32763	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$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	DV SHEFFIELD, MICHAEL C 1027 SHADICK DR. ORANGE CITY, FL 32763 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SHEFFIELD, DOROTHY A 1027 SHADICK DR. ORANGE CITY, FL 32763 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SHEFFIELD, DOROTHY A 1027 SHADICK DRIVE ORANGE CITY, FL 32763 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: Dorothy A. Sheffield	Date: 3-12-07 Daytime Phone: 386 775 6458