

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000005759

FILED
Apr 23, 2009
Secretary of State

Entity Name: SHEFFIELD KNIFEMAKER'S SUPPLY, INC.

Current Principal Place of Business:

1027 SHADICK DR.
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

PO BOX 741107
ORANGE CITY, FL 327741107

New Mailing Address:

FEI Number: 59-3298644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFFIELD, DOROTHY A
1027 SHADICK DR.
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: SHEFFIELD, MICHAEL C
Address: 1027 SHADICK DR.
City-St-Zip: ORANGE CITY, FL 32763

Title: DPST () Delete
Name: SHEFFIELD, DOROTHY A
Address: 1027 SHADICK DRIVE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C. SHEFFIELD

DV

04/23/2009

Electronic Signature of Signing Officer or Director

Date