2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P95000005759

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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL C. SHEFFIELD VP 04/21/2011

Electronic Signature of Signing Officer or Director Date