

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000005759

Entity Name: SHEFFIELD KNIFEMAKER'S SUPPLY, INC.

Current Principal Place of Business:

1027 SHADICK DR.
ORANGE CITY, FL 32763

Current Mailing Address:

PO BOX 741107
ORANGE CITY, FL 32774-1107

FEI Number: 59-3298644

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

Title DPST
Name SHEFFIELD, DOROTHY A
Address 1027 SHADICK DRIVE
City-State-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: DOROTHY A. SHEFFIELD

PRESIDENT

02/14/2014

Electronic Signature of Signing Officer/Director Detail

Date