

**2015 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:** No

**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:** MICHAEL C. SHEFFIELD

DV

02/26/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date