


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90192 015 ***150.00

DOCUMENT # 248522 1. Entity Name SHEFFIELD INSURANCE AGENCY INC					
Principal Place of Business 312 E. PARK AVE. CHIEFLAND, FL 32626 US			Mailing Address PO BOX 1160 CHIEFLAND, FL 32644 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Same as above</i>		City & State <i>Same as above</i>			
Zip <i>Levy</i>	Country <i>Levy</i>	Zip <i>Levy</i>	Country <i>Levy</i>	4. FEI Number 59-0939772	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROOF, ELLA M. 2341 W. SPRINGLAKE DR. DUNNELLON, FL 34434			7. Name and Address of New Registered Agent Name Roof, Ella M. Street Address (P.O. Box Number is Not Acceptable) 6520 S. Esmeralda Terrace City Lecanto FL Zip Code 34461		
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. <i>Agent Address Change</i> SIGNATURE <i>Ella M. Roof</i> Ella M. Roof 2-25-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN <i>Address</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROOF, ELLA M. 2341 W. SPRINGLAKE DR. DUNNELLON, FL 34434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roof, Ella M. 6520 S. Esmeralda Terrace Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ella M. Roof</i> Ella M. Roof			Date 2-25-05 Daytime Phone # 352-490-9144		