

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90042 038 ***150.00



01092004 Chg-P CR2E034 (10/03)

DOCUMENT # 542612

1. Entity Name
WM. F. SHEFFIELD, INC.

Principal Place of Business
**1503 DUNN AVE
JACKSONVILLE, FL 32218**

Mailing Address
**1503 DUNN AVE
JACKSONVILLE, FL 32218**

2. Principal Place of Business
9550 Regency Square Blvd

3. Mailing Address
9550 Regency Square Blvd.

Suite, Apt. #, etc.
Suite 1120

Suite, Apt. #, etc.
Suite 1120

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32225

Country
USA

Zip
32225

Country
USA

4. FEI Number
59-1857328

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHEFFIELD, WILLIAM F.
13050 ISLEWORTH RIDGE CT
JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEFFIELD, WILLIAM F. 13050 ISLEWORTH RIDGE CT JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, LINDA 2853 SYNHOFF DRIVE JACKSONVILLE FL,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWHON, KARL E 1532 HALLIDAY LANE S JACKSONVILLE FL,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William F. Sheffield* **William F. Sheffield** 1-19-04 904/724-8995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #