

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 648601

1. Entity Name
SHEFFIELD CONSTRUCTION CO., INC.



Principal Place of Business
**1170 HILLSBORO MILE
SUITE #101
HILLSBORO BEACH, FL 33062**

Mailing Address
**1170 HILLSBORO MILE
SUITE #101
HILLSBORO BEACH, FL 33062**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2037436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DE LALLA, VINCENT
1170 HILLSBORO MILE
SUITE 101
HILLSBORO BCH., FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000591149
01/19/07-80011-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELALLA, VINCENT 1170 HILLSBORO MILE HILLSBORO BCH., FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWED, WILLIAM G. 1170 HILLSBORO MILE, APT. 101 HILLSBORO BCH., FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELALLA, JAMES 1170 HILLSBORO MILE, APT. 101 HILLSBORO BCH., FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELLEN, DEALLA M 1170 HILLSBOROUGH MILE APT 101 HILLSBOROUGH BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #