# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUN -7 PM 12: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 677745

1. Entity Name
SHEFFIELD AUTO AND TRUCK BODY SHOP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2203 S. ADAMS ST.<br>TALLAHASSEE, FL 32301 | 2203 S. ADAMS ST.<br>TALLAHASSEE, FL 32301 |

DO NOT WRITE IN THIS SPACE

06012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2004668
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEFFIELD, FRANK E.
2203 S. ADAMS ST.
TALLAHASSEE, FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)

**FILE NOW!!! FEE IS $550.00**
**Due by September 7, 2005**

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

4/28/05 60305 014 145.00
8 web AR

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PVT |
| NAME | SHEFFIELD, B. ELMER |
| STREET ADDRESS | 2203 S. ADAMS ST. |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | S |
| NAME | SHEFFIELD, MARJORIE L. |
| STREET ADDRESS | 2203 S. ADAMS ST. |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 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:** B. Elmer Sheffield 6/1/05 850-681-3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

61700