


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # K06365		
1. Entity Name SHEFFIELD VILLAGE, INC.		
Principal Place of Business 9550 REGENCY SQUARE BLVD SUITE 1120 JACKSONVILLE, FL 32218	Mailing Address 9550 REGENCY SQUARE BLVD SUITE 1120 JACKSONVILLE, FL 32218	

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2873264	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

SHEFFIELD, J. HOWARD
4209 BAYMEADOWS RD
SUITE 4
JACKSONVILLE, FL 32217

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000205764
01/31/05 00050 010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEFFIELD, WILLIAM F.
STREET ADDRESS	1503 DUNN AVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	DEMETREE, JACK C.
STREET ADDRESS	3740 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
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:  William F. Sheffield 1/20/05 904/724-8995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #