


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90140 003 ***150.00

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| DOCUMENT # P01000089766 |  |
| 1. Entity Name SHEFFIELD MARINE CONSTRUCTION, INC. | |

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| Principal Place of Business 11362 INEZ DR JACKSONVILLE, FL 32218 | Mailing Address P O BOX 16952 JACKSONVILLE, FL 32245-6952 |
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14021348

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| 2. Principal Place of Business 11362 Inez Dr. | 3. Mailing Address P.O. Box 16952 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Jacksonville, FL | City & State Jacksonville, FL |
| Zip 32218 | Zip 32245 |
| Country U.S. | Country U.S. |

04302004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 03-0381554 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SHEFFIELD, JACK E 11362 INEZ DR JACKSONVILLE, FL 32218 | 7. Name and Address of New Registered Agent Name Debbie Crego Street Address (P.O. Box Number is Not Acceptable) 1821-7 Parental Home Rd. City Jacksonville FL Zip Code 32216 |
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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 **Debbie Crego** DATE **04-29-04**

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHEFFIELD, JACK E 11362 INEZ DR JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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: **Jack Sheffield** DATE **04-29-04 (1904) 733-4547**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #