

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90408 037 \*\*\*158.75

DOCUMENT # P02000015212

1. Entity Name

SHEFFIELD PROPERTY SERVICES, INC.



Principal Place of Business

8427 SAN ARDO DRIVE  
JACKSONVILLE FL 32217

Mailing Address

8427 SAN ARDO DRIVE  
JACKSONVILLE FL 32217

2. Principal Place of Business

11619 Cow Pen Road

3. Mailing Address

11619 Cow Pen Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen St. Mary, FL

City & State

Glen St. Mary, FL

Zip

32040

Country

USA

Zip

32040

Country

USA

4. FEI Number

MOORE CR2E034 (11/03)

90-0064706

59-3757361

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, TRACEY L  
8427 SAN ARDO DRIVE  
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name Tracey L Sheffield

Street Address (P.O. Box Number is Not Acceptable)  
11619 Cow Pen Road

City Glen St. Mary, FL Zip Code 32040

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SHEFFIELD, TRACEY L ☐ Delete  
STREET ADDRESS 8427 SAN ARDO DR  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VP  
NAME SHEFFIELD, WILLIAM G JR ☐ Delete  
STREET ADDRESS 8427 SAN ARDO DR  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Tracey L Sheffield  
STREET ADDRESS 11619 Cow Pen Road  
CITY-ST-ZIP Glen St. Mary, FL 32040

TITLE VP ☒ Change ☐ Addition  
NAME William G. Sheffield Jr.  
STREET ADDRESS 11619 Cow Pen Road  
CITY-ST-ZIP Glen St. Mary, FL 32040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Tracey L Sheffield

3-22-04

904-703-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tracey L Sheffield