2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 13, 2005 8:00 am Secretary of State **DOCUMENT # P02000015212** 05-13-2005 90229 041 ***150.00 1. Entity Name SHEFFIELD PROPERTY SERVICES, INC. Principal Place of Business Mailing Address 50052543 11619 COW PEN ROAD 11619 COW PEN ROAD GLEN SAINT MARY, FL 32040 GLEN SAINT MARY, FL 32040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 05112005 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-3757361 Not Applicable CountrySA \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SHEFFIELD, TRACEY L 11619 COW PEN ROAD Street Address (P.O. Box Number is Not Acceptable) GLEN SAINT MARY, FL 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, typed or print (NOTE: Regis d Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME SHEFFIELD, TRACEY L NAME 11619 COW PEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLEN SAINT MARY, FL 32040 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME SHEFFIELD, WILLIAM G JR NAME STREET ADDRESS 11619 COW PEN ROAD STREET ADDRESS CITY-ST-ZIP GLEN SAINT MARY, FL 32040 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 trueter empowered to execute this report or equired by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an appears, with all other time employees.

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