

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90032 007 \*\*\*150.00

DOCUMENT # P02000015212 - - -

1. Entity Name

SHEFFIELD PROPERTY SERVICES, INC.



Principal Place of Business

11619 COW PEN ROAD  
SANDERSON FL 32087

Mailing Address

11619 COW PEN ROAD  
SANDERSON FL 32087

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

90-0064706  
59-3757361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, TRACEY L  
11619 COW PEN ROAD  
SANDERSON FL 32087

7. Name and Address of New Registered Agent

Name William G. SHEFFIELD JR.

Street Address (P.O. Box Number is Not Acceptable)

11619 Cow Pen Rd.

City SANDERSON

FL

Zip Code 32087

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 William G. SHEFFIELD JR. PRESIDENT 2/16/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 VP ☐ Delete  
NAME SHEFFIELD, WILLIAM G JR  
STREET ADDRESS 11619 COW PEN RD  
CITY-ST-ZIP SANDERSON FL 32087

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT P/T IS ☒ Change ☐ Addition  
NAME William G. SHEFFIELD JR.  
STREET ADDRESS 11619 Cow Pen Rd.  
CITY-ST-ZIP SANDERSON, FL. 32087

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

TITLE ☐ Change ☐ Addition  
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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 exemptions contained in Section 119, 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 G. SHEFFIELD JR. 2/16/06 (904)237-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #