

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000096046 | |
| 1. Entity Name SHEFFIELD BODY SHOP, INC. | |
| Principal Place of Business 660 WEST 4TH AVENUE TALLAHASSEE, FL 32303 | Mailing Address 660 WEST 4TH AVENUE TALLAHASSEE, FL 32303 |



03072007 No Chg-P CR2E034 (11/05)

| | |
|---|---|
| 4. FEI Number 22-3869670 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEFFIELD, RODERICK
660 WEST 4TH AVENUE
TALLAHASSEE, FL 32303

**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 *Roderick Sheffield*

(NOTE: Registered Agent signature required when reinstating)

DATE *4-19-07*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SHEFFIELD, RODERICK 1517 COLEMAN ST TALLAHASSEE, FL 32304 |
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IN THIS SPACE**

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05/01/07-80136-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *Roderick Sheffield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4-19-07* DAYTIME PHONE *850 224-1022*