2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90018 039 ***150.00

DOCUMENT # P03000047938

1. Entity Name
THE SHEAFFER GROUP, INC.

Principal Place of Business	Mailing Address
12620-3 BEACH BOULEVARD UNIT 143 JACKSONVILLE, FL 32246	12620-3 BEACH BOULEVARD UNIT 143 JACKSONVILLE, FL 32246

02132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
140 Southerly Lane	140 Southerly Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park FL	City & State: Orange Park FL
Zip: 32003 Country: USA	Zip: 32003 Country: USA

4. FEI Number 55-0829599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEAFFER, THOMAS D
12782 AVALON COVE DR S
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name: Thomas D. Sheaffer
Street Address (P.O. Box Number is Not Acceptable): 140 Southerly Lane
City: Orange Park FL Zip Code: 32003

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO	☐ Delete	TITLE	President ☑ Change ☐ Addition
NAME	SHEAFFER, THOMAS D		NAME	Thomas D. Sheaffer
STREET ADDRESS	12782 AVALON COVE DR S		STREET ADDRESS	140 Southerly Lane
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Orange Park FL 32003
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] THOMAS D. SHEAFFER 2-15-04 (904) 233-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #