


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90008 024 ***150.00

DOCUMENT # P04000012646	
1. Entity Name SHEFFIELD'S INC	

Principal Place of Business 50 NORTH MAIN STREET HIGH SPRINGS, FL 32643	Mailing Address 50 NORTH MAIN STREET HIGH SPRINGS, FL 32643
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01232007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0623951	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHEFFIELD, JANICE 50 NORTH MAIN STREET HIGH SPRINGS, FL 32643	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	SHEFFIELD, CHESTER
STREET ADDRESS	50 NORTH MAIN STREET
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	VP <input type="checkbox"/> Delete
NAME	SHEFFIELD, MICHAEL
STREET ADDRESS	50 NORTH MAIN STREET
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	TRES <input type="checkbox"/> Delete
NAME	SHEFFIELD, BOBBY
STREET ADDRESS	50 NORTH MAIN STREET
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	SEC <input type="checkbox"/> Delete
NAME	SHEFFIELD, JANICE
STREET ADDRESS	50 NORTH MAIN STREET
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V P melissa sheffield
STREET ADDRESS	Bx 2662
CITY-ST-ZIP	High Springs FL 32643
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Janice Sheffield Janice Sheffield 1-25-07 386454 2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #