

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012646

Entity Name: SHEFFIELD'S INC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

26942 NW 130TH AVE.
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

PO BOX 2662
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 20-0623951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEFFIELD, CHESTER
26942 NW 130TH AVE.
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

SHEFFIELD, MELISSA D
26942 NW 130TH AVE.
HIGH SPRINGS, FL 32643 US

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.

SIGNATURE: MD SHEFFIELD

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHEFFIELD, CHESTER
Address: 26942 NW 130TH AVE.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DST () Delete
Name: SHEFFIELD, MELISSA
Address: 26942 NW 130TH AVE.
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MD SHEFFIELD

DST

01/07/2009

Electronic Signature of Signing Officer or Director

Date