2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State
07-13-2005 90017 050 ***150.00

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DOCUMENT # P04000156552

1. Entity Name
SHEFFIELD ABOOD D.C., P.A.

Principal Place of Business	Mailing Address
660 LINTON BLVD. 104 DELRAY BEACH, FL 33444 US	660 LINTON BLVD. 104 DELRAY BEACH, FL 33444 US

07072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	3405 Bent Pine Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ft Pierce Fl.
Zip / Country	Zip: 34951 / Country: U.S.

4. FEI Number: 20-1940840 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABOOD, SHEFFIELD T 3405 BENT PINE DR. FT. PIERCE, FL 33951	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ABOOD, SHEFFIELD T 3405 BENT PINE DR FT. PIERCE, FL 34951	☐ Delete		☐ Change ☐ Addition
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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: _____ 7-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #