

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P08961

1. Entity Name
SHEFFIELD INVESTMENT MANAGEMENT, INC.



Principal Place of Business
**900 CIRCLE 75 PARKWAY
SUITE 750
ATLANTA, GA 30339**

Mailing Address
**900 CIRCLE 75 PARKWAY
SUITE 750
ATLANTA, GA 30339**



06202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1403928

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
**PD
SHEFFIELD, ROGER A.
215 CAMERON GLEN COURT
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CFO
SCOTT, CAROLINE L.
2064 DELLWOOD DR.
ATLANTA, GA 30309**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000369708
06/22/05-80001-011 550.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/05 770 313-1197
Date Daytime Phone #