

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000102880

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** SHEFFIELD INSURANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

6326 BEACH DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

5204 BEACH DRIVE  
A  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

6326 BEACH DRIVE  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

5204 BEACH DRIVE  
A  
PANAMA CITY BEACH, FL 32408

**FEI Number:** 80-0522147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEFFIELD, MART  
6326 BEACH DRIVE  
PANAMA CITY BEACH, FL 32408 US

**Name and Address of New Registered Agent:**

SHEFFIELD, MART  
5204 BEACH DRIVE  
A  
PANAMA CITY BEACH, FL 32408 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: MART SHEFFIELD

01/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: SHEFFIELD, MART  
Address: 5204-A BEACH DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VP/T  
Name: SHEFFIELD, MART  
Address: 5204-A BEACH DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: S  
Name: SHEFFIELD, MART  
Address: 5204-A BEACH DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby 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 all other like empowered.

SIGNATURE: MART SHEFFIELD

PRES

01/07/2011

Electronic Signature of Signing Officer or Director

Date