

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000102880

FILED
Jan 18, 2012
Secretary of State

Entity Name: SHEFFIELD INSURANCE OF FLORIDA, INC.

Current Principal Place of Business:

5204 BEACH DRIVE
A
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

8700 FRONT BEACH ROAD, #1115
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

5204 BEACH DRIVE
A
PANAMA CITY BEACH, FL 32408

New Mailing Address:

8700 FRONT BEACH ROAD, #1115
PANAMA CITY BEACH, FL 32407

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
5204 BEACH DRIVE
A
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

SHEFFIELD, MARTIN
8700 FRONT BEACH ROAD, #1115
PANAMA CITY BEACH, FL 32407 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: MARTIN SHEFFIELD

01/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P
Name: SHEFFIELD, MARTIN
Address: 8700 FRONT BEACH ROAD, #1115
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: VP/T
Name: SHEFFIELD, MARTIN
Address: 8700 FRONT BEACH ROAD, #1115
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: S
Name: SHEFFIELD, MARTIN
Address: 8700 FRONT BEACH ROAD, #1115
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: MARTIN SHEFFIELD

D/P

01/18/2012

Electronic Signature of Signing Officer or Director

Date