

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000050720

1. Entity Name
SHEFFIELD & BOATRIGHT, P.A.



Principal Place of Business
6101 GAZEBO PARK PL N STE 103
JACKSONVILLE, FL 32257

Mailing Address
6101 GAZEBO PARK PL N STE 103
JACKSONVILLE, FL 32257

FILED
Apr 25, 2008 08:00 AM
Secretary of State



01042008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3192294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEFFIELD, J. HOWARD
6101 GAZEBO PARK PL N STE 103
JACKSONVILLE, FL 32257

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
DPS
SHEFFIELD, J. HOWARD
6101 GAZEBO PARK PL N #103
JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
BOATRIGHT, SCOTT R
6101 GAZEBO PK PL N #103
JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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05/14/08-80076-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08
Date

904-733-7900
Daytime Phone #