


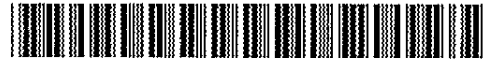
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000005759 1. Entity Name SHEFFIELD KNIFEMAKER'S SUPPLY, INC.	
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Principal Place of Business 1027 SHADICK DR. ORANGE CITY, FL 32763	Mailing Address PO BOX 741102 ORANGE CITY, FL 32774-1107
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3298644	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SHEFFIELD, DOROTHY A 1027 SHADICK DR. ORANGE CITY, FL 32763	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SHEFFIELD, MICHAEL C 1027 SHADICK DR. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SHEFFIELD, DOROTHY A 1027 SHADICK DR. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SHEFFIELD, DOROTHY A 1027 SHADICK DRIVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000019600  
01/29/04-80031-018 8.75

U00000019600  
01/29/04-80031-019 150.00

**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)(f), 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: Dorothy A. Sheffield 1-24-04 386 775 6453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #