


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 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



02072005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent SHEFFIELD, DOROTHY A 1027 SHADICK DR. ORANGE CITY, FL 32763
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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
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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 Dorothy A. Sheffield 2-2-05 386 7756453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #