2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State
03-16-2007 90022 011 ***150.00

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1. Entity Name
SHEFFIELD KNIFEMAKER'S SUPPLY, INC.

Principal Place of Business	Mailing Address (Wrong)	Mailing Address (Correct)
1027 SHADICK DR ORANGE CITY, FL 32763	FOBOX741102	P.O. Box 741107 ORANGE CITY, FL 32774-1107

03092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O Box 741107
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orange City. FL.
Zip / Country	Zip: 32774 1107 / Country: Volusia

4. FEI Number: 59-3298644 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEFFIELD, DOROTHY A 1027 SHADICK DR. ORANGE CITY, FL 32763	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SHEFFIELD, MICHAEL C 1027 SHADICK DR. ORANGE CITY, FL 32763	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SHEFFIELD, DOROTHY A 1027 SHADICK DR. ORANGE CITY, FL 32763	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST SHEFFIELD, DOROTHY A 1027 SHADICK DRIVE ORANGE CITY, FL 32763	☐ Delete	☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

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, with all other like empowered.

SIGNATURE: Dorothy A. Sheffield Dorothy A. Sheffield 3-12-07 3867756458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #