

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90029 042 ***150.00

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1. Entity Name

SHEFFIELD PHELPS WOOD, JR., INC.



Principal Place of Business

8621 ROSEMONT DR
PENSACOLA FL 32514
US

Mailing Address

PO BOX 11071
PENSACOLA FL 32524-1071
US

54034306



MOORE

CR2E034 (11/03)

2. Principal Place of Business

900 N 12th AVENUE

Suite, Apt. #, etc.

3. Mailing Address

900 N 12th AVENUE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip
32501

Country
USA

City & State

PENSACOLA, FL

Zip
32501

Country
USA

4. FEI Number

59-3465865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SATTLEWHITE, JILL K
625 E. ROMANA ST., STE B
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **Drew Adams**
Street Address (P.O. Box Number is Not Acceptable)
900 N 12th AVENUE
City **PENSACOLA, FL** Zip Code **32501**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROBY, BEVERLY A.**
STREET ADDRESS **8621 ROSEMONT DR**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Delete
NAME **Rossetti, Amy C.**
STREET ADDRESS **1232 S 24th Street**
CITY-ST-ZIP **ARLINGTON, VA 22202**

TITLE **D** ☐ Delete
NAME **Drew Adams**
STREET ADDRESS **900 N 12th AVENUE**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04
Date

850-435-8300
Daytime Phone #