

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094278

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** SHAFFIELD BUILDING SPECIALTIES, INC.

**Current Principal Place of Business:**

3715 BOBBIN MILL ROAD  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

1400 VILLAGE SQUARE BLVD.  
#3-334  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

**FEI Number:** 59-3475971      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAFFIELD KNOX, CYNTHIA  
3715 BOBBIN MILL ROAD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P      ( ) Delete  
**Name:** SHAFFIELD KNOX, CYNTHIA  
**Address:** 1400 VILLAGE SQUARE BLVD. #3-334  
**City-St-Zip:** TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CYNTHIA SHAFFIELD KNOX

PRES

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date