2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000116811

1. Entity Name
STRATTON ROAD PROPERTY, INC.

Principal Place of Business	Mailing Address
2107 NEW BERLIN RD JACKSONVILLE, FL 32218	2107 NEW BERLIN RD JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE

04192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
26-0006857	Not Applicable

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

6. Name and Address of Current Registered Agent

GILDER, T GARY
2107 NEW BERLIN RD
JACKSONVILLE, FL 32218

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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 _____

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GILDER, T GARY
STREET ADDRESS	2107 NEW BERLIN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	D
NAME	GILDER, DOROTHY A
STREET ADDRESS	2107 NEW BERLIN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218

U00000124576
04/22/04-80051-003 150.00

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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)(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: _____   4-17-04   257-7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #