

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # P01000116811

1. Entity Name  
STRATTON ROAD PROPERTY, INC.



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

Mailing Address  
2107 NEW BERLIN RD  
JACKSONVILLE, FL 32218



02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
26-0006857

Applied For  
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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000649768  
03/07/07-80063-018 150.00

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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*T. Gary Gilder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07

Date

904-257-7010

Daytime Phone #