

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000077222

1. Entity Name
GLADSTONE COMMERCIAL CENTER, INC.



Principal Place of Business

**625 N FLAGLER DRIVE
SUITE 510
WEST PALM BEACH FL 33401**

Mailing Address

**625 N FLAGLER DRIVE
SUITE 510
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

08162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0782428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GLADSTONE, JONATHAN
625 N. FLAGLER DRIVE
SUITE 510
WEST PALM BEACH, FL 33401**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLADSTONE, ARTHUR
625 N. FLAGLER DRIVE SUITE 510
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000170377
08/19/04-80001-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-04 561 371 7014

Date

Daytime Phone #