


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000095265 1. Entity Name SHELDON ROAD CORPORATION	
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Principal Place of Business 6000 COMPTON ESTATES WAY TAMPA, FL 33602	Mailing Address 6000 COMPTON ESTATES WAY TAMPA, FL 33602
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INGLIS, JOHN S SHUMAKER, LOOP & KENDRICK, LLP 101 E KENNEDY BLVD #2800 TAMPA, FL 33602
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILF, LEONARD 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILF, ZYGMUNT 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILF, MARK 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSLER, WARREN 6000 COMPTON ESTATES WAY TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAZZANO, FRANK 875 HOOVER BOULEVARD NEW BRUNSWICK, NJ 08902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000399816
02/01/08-80029-001 150.00

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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:  **WARREN Kinsler** **11106** **(513) 910-7914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #