## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P97000095265** 

SHELDON ROAD CORPORATION



**FILED** Jan 18, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

**6000 COMPTON ESTATES WAY** TAMPA, FL 33602

Mailing Address

6000 COMPTON ESTATES WAY TAMPA, FL 33602



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3481947

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

INGLIS, JOHN S SHUMAKER, LOOP & KENDRICK, LLP 101 E KENNEDY BLVD #2800 TAMPA, FL 33602

## 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 Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILF, LEONARD 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078			U00000590021	
TITLE Name Street address City-St-Zip	D WILF, ZYGMUNT 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078		01/18/07-80040-010 150.00 <b>DO NOT WRITE</b>		
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		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAZZANO, FRANK 875 HOOVER BOULEVARD NEW BRUNSWICK, NJ 08902				
TITLE NAME STREET AODRESS CITY-ST-ZIP					

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 attachmizer with an address, with all other like empowered.

SIGNATURE: