

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000095265

1. Entity Name
SHELDON ROAD CORPORATION



Principal Place of Business
**6000 COMPTON ESTATES WAY
TAMPA, FL 33602**

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



01072008 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 ☐ **\$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**

**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, 2008 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	WILF, LEONARD
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	D
NAME	WILF, ZYGUMUNT
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	D
NAME	WILF, MARK
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	D
NAME	KINSLER, WARREN
STREET ADDRESS	6000 COMPTON ESTATES WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	RAZZANO, FRANK
STREET ADDRESS	875 HOOVER BOULEVARD
CITY-ST-ZIP	NEW BRUNSWICK, NJ 08902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/08-80022-003 150.00

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Warren Kinsler

1-18-08

(813) 910-7914