## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2007 08:00 A Secretary of State **DOCUMENT # P99000109601** 1. Entity Name STRATTON, INC. Principal Place of Business Mailing Address 2613 ROBERT OLIVER COURT **2613 ROBERT OLIVER COURT** FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 03142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3616212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired · 🗀 Fee Required 5. Name and Address of Current Registered Agent STRATTON, RICHARD DO NOT WRITE 2613 ROBERT OLIVER CT. FERNANDINA BEACH, FL 32034 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 reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME STRATTON, RICHARD STREET ADDRESS 2613 ROBERT OLIVER CT. FERNANDINA BEACH, FL 32034 CITY-ST-ZIP TITLE U00000699460 04/19/07-80043-014 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-74P

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-321-2239

FILED

Daylime Phone #