

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90027 018 \*\*\*150.00

**DOCUMENT # 285196**  
 1. Entity Name  
**2460 CORPORATION**



Principal Place of Business      Mailing Address  
**2460 SOUTH FEDERAL HIGHWAY**      **2460 SOUTH FEDERAL HIGHWAY**  
**BOYNTON BEACH FL 33435**      **BOYNTON BEACH FL 33435**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**BENCIVENGA, MARYLOU**  
**2460 S FED HWY**  
**APT 1**  
**BOYNTON BEACH FL 33435**

4. FEI Number      Applied For  
**59-1387070**       Not Applicable

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

**7. Name and Address of New Registered Agent**  
 Name Houlihan, Maryann  
 Street Address (P.O. Box Number is Not Acceptable) 2460 S. Fed Hwy  
Apt. 8  
 City Boynton Beach      FL      Zip Code 33435

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 Maryann Houlihan, Maryann Houlihan, Secretary 1/27/04  
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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	O'DONNELL, JAMES	
STREET ADDRESS	2460 S. FEDERAL HWY., #17	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	TACELLI, RICHARD	
STREET ADDRESS	2460 S. FEDERAL HWY., #20	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORNMEYER, HAROLD	
STREET ADDRESS	2460 S FED HWY #6	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	HOULIHAN, JAMES	
STREET ADDRESS	2460 S FEDERAL HWY #8	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	MINNEKER, KATHLEEN	
STREET ADDRESS	2460 S FEDERAL HWY #18	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BENCIVENGA, MARYLOU	
STREET ADDRESS	5466 S FEDERAL HWY #1	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Houlihan, Maryann	
STREET ADDRESS	2460 S. Federal Hwy #8	
CITY-ST-ZIP	Boynton Beach, FL 33435	

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:** James Houlihan      James Houlihan      2/8/04      561-734-6340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #