

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90117 026 ***150.00

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1. Entity Name

2420 CORPORATION



Principal Place of Business

2420 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

Mailing Address

2420 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1115773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, JEAN
2420 SOUTH FEDERAL HIGHWAY
#10
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Jean Elliott - JEAN ELLIOTT Treasurer

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, 2006 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 DT ☐ Delete
NAME ELLIOT, JEAN
STREET ADDRESS 2420 S. FEDERAL HWY #10
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME KELLY, EILEEN
STREET ADDRESS 2420 S. FEDERAL HWY #11
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☒ Delete
NAME TECFILO, CAMILE
STREET ADDRESS 2420 S. FEDERAL HWY #17
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME COCHRANE, ANNE- MARIE
STREET ADDRESS 2420 S FEDERAL HWY #19
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME COCHRANE, GERALD
STREET ADDRESS 2420 S. FEDERAL HWY #19
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME ERNEST DESHARNAIS
STREET ADDRESS 2420 S. Federal Hwy #1
CITY-ST-ZIP BOYNTON BEACH, FL 33435

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ROSS, MAE
STREET ADDRESS 2420 S. FEDERAL HWY #5
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DVP
STREET ADDRESS DESHARNAIS, ERNEST
CITY-ST-ZIP 2420 S. FEDERAL HWY #1
BOYNTON BEACH, FL 33435

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jean Elliott JEAN ELLIOTT Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-364-4994