

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 007 ***150.00

DOCUMENT # 285195

1. Entity Name

2450 CORPORATION



Principal Place of Business

2450 SOUTH FED HWY
APT #1
BOYNTON BCH FL 33435

Mailing Address

2450 SOUTH FED HWY
APT #1
BOYNTON BCH FL 33435



2. Principal Place of Business - No P.O. Box #

2450 South Fed Hwy
Suite, Apt. #, etc.
Apt #10

3. Mailing Address

2450 South Fed Hwy
Suite, Apt. #, etc.
Apt #10

2nd MOORE

CR2E034 (4/07)

City & State

Boynton Beach FL 33435

City & State

Boynton Beach FL 33435

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, SAM
2450 SOUTH FEDERAL HWY APT #10
BOYNTON BCH 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

Sam Campbell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME VITALE, ANTHONY
STREET ADDRESS 2450 S FEDERAL HWY APT 11
CITY-ST-ZIP BOYNTON BEACH FL

TITLE T ☐ Delete
NAME CAMPBELL, SAM
STREET ADDRESS 2450 S. FED HWY, APT 10
CITY-ST-ZIP BOYNTON BEACH FL

TITLE VP ☐ Delete
NAME WILSON, SHANNON
STREET ADDRESS 2450 S. FEDERAL HWY APT 18
CITY-ST-ZIP BOYNTON BEACH FL

TITLE VP ☐ Delete
NAME PASSINI, JON
STREET ADDRESS 2450 S FEDERAL HWY APT 7
CITY-ST-ZIP BOYNTON BEACH FL

TITLE S ☒ Delete
NAME DORR, DORIS
STREET ADDRESS 2450 S. FEDERAL HWY APT 1
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

Samuel B Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-735-9691 Dec/April
631-821-1488 other

ATTACHMENT
40128644
285-195 -



Samuel G. Campbell

8/11/07

Sorry re late filing.
For the first time since
I've been treasurer that
I have not received the
original billing.

Samuel G. Campbell

**Support Our Troops
Remember Our Veterans**

Y064726