




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 2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435				Mailing Address 2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 MOORE CR2E034 (11/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-1387070		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent BENCIVENGA, MARYLOU 2460 S FED HWY APT 1 BOYNTON BEACH FL 33435					
7. Name and Address of New Registered Agent Name <u>Houlihan, Maryann</u> Street Address (P.O. Box Number is Not Acceptable) <u>2460 S. Fed Hwy</u> <u>Apt. 8</u> City <u>Boynton Beach</u> FL Zip Code <u>33435</u>					
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 <u>Maryann Houlihan, Maryann Houlihan, Secretary 1/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	T O'DONNELL, JAMES	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, JAMES		NAME	[Blank]	
STREET ADDRESS	2460 S. FEDERAL HWY., #17		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	BOYNTON BCH FL		CITY-ST-ZIP	[Blank]	
TITLE	P	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACELLI, RICHARD		NAME	[Blank]	
STREET ADDRESS	2460 S. FEDERAL HWY., #20		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	BOYNTON BCH FL		CITY-ST-ZIP	[Blank]	
TITLE	D	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNMEYER, HAROLD		NAME	[Blank]	
STREET ADDRESS	2460 S FED HWY #6		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	[Blank]	
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULIHAN, JAMES		NAME	[Blank]	
STREET ADDRESS	2460 S FEDERAL HWY #8		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	[Blank]	
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNEKER, KATHLEEN		NAME	[Blank]	
STREET ADDRESS	2460 S FEDERAL HWY #18		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	[Blank]	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENCIVENGA, MARYLOU		NAME	Houlihan, Maryann	
STREET ADDRESS	5466 S FEDERAL HWY #1		STREET ADDRESS	2460 S. Federal Hwy #8	
CITY-ST-ZIP	BOYNTON BCH FL 33435		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: <u>James Houlihan</u> <u>James Houlihan</u> <u>2/2/04</u> <u>561-734-6340</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					