

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90132 029 ***150.00

DOCUMENT # 286994

1. Entity Name

2542 CORPORATION



Principal Place of Business

2542 CORPORATION
BOYNTON BEACH FL 33435
US

Mailing Address

2542 SO FEDERAL HWY
BOYNTON BEACH FL 33435
US

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

28-6994600

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETAR, CVITKOVIC
2542 S FEDERAL HWY
APT 7
BOYNTON BEACH FL 33435

Name

Joseph SABLON

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

2542 So. FEDERAL Hwy Apt 15

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

Joseph SABLON

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

(NOTE: Registered Agent signature required when reinstating)

3/21/06

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	D	<input checked="" type="checkbox"/> Delete
NAME	DIDONATO, HENRY R.	
STREET ADDRESS	2542 SOUTH FED HWY #3	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	PV	<input checked="" type="checkbox"/> Delete
NAME	CVITKOVIC, PETAR	
STREET ADDRESS	2542 S FEDERAL HWY #7	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARON, RAY	
STREET ADDRESS	2542 SOUTH FEDERAL HWY #20	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, BARBARA	
STREET ADDRESS	2542 SO FEDERAL HWY #1	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISSETT, ROGER	
STREET ADDRESS	2542 SOUTH FEDERAL HWY #19	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	DICKERSON, ANNETT II	
STREET ADDRESS	2542 SO FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph SABLON	
STREET ADDRESS	2542 So FEDERAL Hwy Apt 15	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD NICHOLSON	
STREET ADDRESS	2542 So FEDERAL Hwy #10	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AWILDA MARCUS	
STREET ADDRESS	2542 So. FEDERAL Hwy Apt 9	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CECIL HINSON	
STREET ADDRESS	2542 So. FEDERAL Hwy Apt 12	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT PAULSEN	
STREET ADDRESS	2542 So. FEDERAL Hwy Apt 6	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA SIEVERT	
STREET ADDRESS	2542 So. FEDERAL Hwy Apt 18	
CITY-ST-ZIP	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:

Joseph SABLON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06
Date

Daytime Phone #