2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 612599

1. Entity Name
2410 CORPORATION

Principal Place of Business	Mailing Address
645 SE 19 ST. OCALA, FL 34471	645 SE 19 ST. OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number
58-1354413

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIKULAK, W MICHAEL
645 SE 19TH STREET
OCALA, FL 34471

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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

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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	LUSCOMBE, GARY R.
STREET ADDRESS	3961 S.E 17TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	P
NAME	MIKULAK, W. MICHAEL
STREET ADDRESS	645 SE 19TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _W Michael Mikulak_   W. MICHAEL MIKULAK (352) 629-0283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   1-4-05   Date   Daytime Phone #