

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90040 015 ***150.00

DOCUMENT # G15523

1. Entity Name

2920, INC.



Principal Place of Business

C/O JEROME N. DOLINER
2920 N. PENINSULA DR.
DAYTONA BEACH FL 32118-4334

Mailing Address

C/O JEROME N. DOLINER
2920 N. PENINSULA DR.
DAYTONA BEACH FL 32118-4334



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

Celeste Doliner

3. Mailing Address

Celeste Doliner

Suite, Apt., etc.

2920 N. Peninsula Drive

City & State

Daytona Beach Fla.

Zip

32118

Suite, Apt., etc.

2920 N. Peninsula Dr.

City & State

Daytona Beach, Fla.

Zip

32118

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2554438

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOLINER, JEROME N.
14 SOUTH COATES ST
DAYTONA BEACH FL 32018

7. Name and Address of New Registered Agent

Celeste Doliner
Street Address (P.O. Box Number is Not Acceptable)
2920 N. Peninsula Drive
City
Daytona Beach FL Zip Code 32118

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

Celeste Doliner

Signature, typed or printed name of registered agent until the filing date.

(NOTE: Registered Agent signature required when reappointing)

1/30/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	S	<input type="checkbox"/> Delete
NAME	DOLINER, CELESTE K	
STREET ADDRESS	2920 N PENINSULA DR	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOLINER, JEROME N	
STREET ADDRESS	2920 N PENINSULA DR	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D Herb Hirschberg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4651 Sheridan Street #260	
STREET ADDRESS	Hollywood, Florida 33021	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Celeste Doliner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

DATE

Daytime Phone #