

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P02000041294**

1. Entity Name  
**2430 HOLDING COMPANY**



Principal Place of Business  
**2430 PERIWINKLE WAY  
SUITE B  
SANIBEL ISLAND, FL 33957**

Mailing Address  
**P.O. BOX 716  
SANIBEL ISLAND, FL 33957**



04062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>61-1410383</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**ARMINIA, JOHN  
695 TARPON BAY RD STE 7  
SANIBEL ISLAND, FL 33957**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ARMENIA, JOHN
STREET ADDRESS	2430 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957

TITLE	S
NAME	ARMENIA, LUCY
STREET ADDRESS	2430 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957

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04/28/06-80062-014 150.00

**DO NOT WRITE  
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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:** Lucy Armenia, Secy. 4/7/06 239-395-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #