

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003106

Entity Name: PAYMENT PLANS, INC.

FILED  
Feb 16, 2005  
Secretary of State

**Current Principal Place of Business:**

2741 TRANSIT ROAD  
ELMA, NY 14059

**New Principal Place of Business:**

**Current Mailing Address:**

2741 TRANSIT ROAD  
ELMA, NY 14059

**New Mailing Address:**

2741 TRANSIT ROAD  
P.O. BOX 317  
ELMA, NY 14059

FEI Number: 16-0817807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PANFIL, WALTER J  
8052 LINKS WAY  
PORT ST LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSC ( ) Delete  
Name: ECKIS, JOHN C  
Address: 2741 TRANSIT ROAD  
City-St-Zip: ELMA, NY 140590317

Title: D ( ) Delete  
Name: BERTHY, RICHARD J  
Address: 777 WEST ELMWOOD DR., STE 301  
City-St-Zip: DAYTON, OH 45459

Title: D ( ) Delete  
Name: PANFIL, WALTER J  
Address: 8052 LINKS WAY  
City-St-Zip: PORT ST LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C ECKIS

PRES

02/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date