

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024464

Entity Name: PAYMENT OPTIONS, INC.

FILED  
Jan 05, 2004  
Secretary of State

**Current Principal Place of Business:**

484 BIG TREE RD  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

503 NORTH THIRD ST  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

484 BIG TREE RD  
PONTE VEDRA, FL 32082

**New Mailing Address:**

PO BOX 3476  
PONTE VEDRA, FL 32004

FEI Number: 59-3605985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOWARD A. CAPLAN, ATTORNEY, P.A.  
3900 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 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: D ( ) Delete  
Name: JONES, KENNETH D  
Address: 484 BIG TREE RD  
City-St-Zip: PONTE VEDRA, FL 32082

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

Title: D (X) Change ( ) Addition  
Name: JONES, KENNETH D  
Address: 609 BROOKWOOD CT  
City-St-Zip: PONTE VEDRA, FL 32082

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: KENNETH D JONES

PREZ

01/05/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date