



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90197 034 ***150.00

DOCUMENT # P02000117182 1. Entity Name PAYNE CAPITAL MANAGEMENT, INC.					
Principal Place of Business 6101 34TH ST WEST 25H BRADENTON, FL 34210			Mailing Address 3522 53RD AVENUE WEST 205 BRADENTON, FL 34210		
2. Principal Place of Business 3645 CORTEZ RD WEST		3. Mailing Address 3645 CORTEZ RD WEST		 04282005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. SUITE 140		Suite, Apt. #, etc. SUITE 140			
City & State BRADENTON, FL		City & State BRADENTON, FL			
Zip Country 34210 MANATEE		Zip Country 34210 MANATEE			
4. FEI Number 22-3885489				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOYEN, BERNARD L 6101 34TH STREET W 25H BRADENTON, FL 34210			7. Name and Address of New Registered Agent Name BERNARD L. KOYEN Street Address (P.O. Box Number is Not Acceptable) 6101 34TH STREET WEST UNIT 16 F City BRADENTON FL Zip Code 34210		
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 <u><i>Bernard Koyen</i></u> DATE APRIL 28, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. KOYEN, BERNARD L PRESIDE 6101 34TH STREET WEST, UNIT 25H BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BERNARD L. KOYEN 6101 34TH STREET WEST, UNIT 16 F BRADENTON, FL 34210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. KOYEN, CONNIE S MRS 6101 34TH STREET WEST, UNIT 25H BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CONNIE S. KOYEN 6101 34TH STREET WEST, UNIT 16 F BRADENTON, FL 34210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Bernard Koyen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date APRIL 28, 2005 Daytime Phone # 941-730-7211		