## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000066679

Entity Name: PAYPHONES PLUS, INC.

FILED Apr 21, 2004 Secretary of State

| Current Principal Place of Business:   | New Principal Place of Business:                                  |
|--|---|
| 3838 SWANS LANDING<br>LAND O'LAKES, FL 34639 US  | 6402 WEST ROCK ROAD<br>PLANT CITY, FL 33565 US                    |
| Current Mailing Address:   | New Mailing Address:  |
| 3838 SWANS LANDING<br>LAND O'LAKES, FL 34639 US  | 3095 CORSAIR CURVE<br>CUMMING, GA 30040 US                        |
| FEI Number: 59-3344193 FEI Number Applied For ( ) FEI Number   | nber Not Applicable ( ) Certificate of Status Desired (X)         |
| N 1811 CO (D : ( 18 (  | Name and Address of Navy Deviatered Avents                        |
| Name and Address of Current Registered Agent:  | Name and Address of New Registered Agent:                         |
| GREENE, TIMOTHY 3838 SWANS LANDING LAND O LAKES, FL 34639 US   | GREENE, TIMOTHY 6402 WEST ROCK ROAD PLANT CITY, FL 33565 US       |
| GREENE, TIMOTHY<br>3838 SWANS LANDING  | GREENE, TIMOTHY<br>6402 WEST ROCK ROAD<br>PLANT CITY, FL 33565 US |
| GREENE, TIMOTHY 3838 SWANS LANDING LAND O LAKES, FL 34639 US  The above named entity submits this statement for the purpose of | GREENE, TIMOTHY<br>6402 WEST ROCK ROAD<br>PLANT CITY, FL 33565 US |

**OFFICERS AND DIRECTORS:** 

Election Campaign Financing Trust Fund Contribution ( ).

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition
Name: GRENE, R. TIMOTHY Name:
Address: 3838 SWANS LANDING DRIVE Address:
City-St-Zip: LAND O'LAKES, FL City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 GREENE, JAMES R
 Name:

 Address:
 6402 W. ROCK ROAD
 Address:

 City-St-Zip:
 PLANT CITY, FL 33565
 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: R. TIMOTHY GREENE D 04/21/2004