## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000066679

FILED Feb 07, 2005 Secretary of State

Entity Name: PAYPHONES PLUS, INC. **Current Principal Place of Business: New Principal Place of Business:** 6402 WEST ROCK ROAD PLANT CITY, FL 33565 **Current Mailing Address: New Mailing Address:** 3095 CORSAIR CURVE CUMMING, GA 30040 US FEI Number: 59-3344193 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENE, TIMOTHY 6402 WEST ROCK ROAD PLANT CITY, FL 33565 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition GREENE, R. TIMOTHY GREENE, R. TIMOTHY Name: Name:

Name:

3838 SWANS LANDING DRIVE 3095 CORSAIR CURVE Address: Address: City-St-Zip: LAND O'LAKES, FL City-St-Zip: CUMMING, GA 30040

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

GREENE, JAMES R Name: 6402 W. ROCK ROAD Address: Address: PLANT CITY, FL 33565 City-St-Zip: 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 Statutés. 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: TIMOTHY GREENE 02/07/2005 D