

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000072704

**Entity Name:** PAYMENT OPTIONS, INC

**Current Principal Place of Business:**

2323 LATRIUM CIR N  
PONTE VEDRA, FL 32082

**Current Mailing Address:**

PO BOX 3476  
PONTE VEDRA BEACH, FL 32004

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JONES, KENNETH D  
2323 LATRIUM CIR N  
PONTE VEDRA, FL 32082 US

*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

**Officer/Director Detail :**

Title P  
Name JONES, KENNETH D  
Address PO BOX 3476  
City-State-Zip: PONTE VEDRA BEACH FL 32004

*I hereby 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 all other like empowered.*

**SIGNATURE:** KENNETH D JONES

P

04/11/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date