


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90115 033 ****61.25

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1. Entity Name
EASTPAY, INC.



Principal Place of Business Mailing Address

**7400 BEAUFONT SPRINGS DR
 SUITE 405
 RICHMOND, VA 23225**

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 SUITE 405
 RICHMOND, VA 23225**

50029218



03152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0991483

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REARDON, RALPH 333 ST. ALBANS DR RALEIGH, NC 27809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAGLIO, STEVE 101 TRYON ST, 14TH FLOOR CHARLOTTE, NC 28255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, NORMAN K 631 COALBROOK DRIVE MIDLOTHIAN, VA 23114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, MICKEY 1340 E. VENICE AVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAUTNEY, ANTHONY BANK ATLANTIC, 4150 SW 28TH WAY FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEAR, KENNETH L UNITED NATIONAL BANK, 500 VIRGINIA ST. E. CHARLESTON, WV 25322

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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 617, 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:  **3-18-05** **804 644-1642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #