

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25541

Entity Name: PLAN MANAGEMENT CORPORATION

Current Principal Place of Business:

899 W. MYRTLE ST.
CABOT, AR 72023

Current Mailing Address:

P.O. BOX 6390
SHERWOOD, AR 72124 US

FEI Number: 59-2624108

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUTLER, MARK F
1720 HARRISON ST #1805
HOLLYWOOD, FL 33020 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 PTD
Name CIMINO, SAVERIO
Address 13INVERNESS COURT
City-State-Zip: CABOT AR 72023

Title VSD
Name CIMINO, GIOVANA
Address 13 INVERNESS COURT
City-State-Zip: CABOT AR 72023

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: S. CIMINO

PRESIDENT

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date