

**2016 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:** SAVERIO CIMINO

**PRESIDENT**

**03/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date