


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90047 009 ***150.00

DOCUMENT # 261338 1. Entity Name DUDLEY PUTNAM, INC.					
Principal Place of Business 2310 80 FT RD POST OFFICE BOX 1400 BARTOW, FL 33830			Mailing Address 2310 80 FT RD POST OFFICE BOX 1400 BARTOW, FL 33830		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1024504	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUTNAM, II W DUDLEY 2240 HELEN CIR E BARTOW, FL 33830				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUTNAM II, WM DUDLEY		NAME		
STREET ADDRESS	2240 HELEN CIRCLE, E		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUTNAM, SARA H.		NAME		
STREET ADDRESS	2240 HELEN CIRCLE EAST		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUTNAM III, WILLIAM D		NAME	1710 Mariposa Avenue	
STREET ADDRESS	150 CHESIRE RD		STREET ADDRESS	Bartow, FL 33830	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPINOSA, GHIA P		NAME	490 East Hooker Street	
STREET ADDRESS	1196 HERMOSA AVENUE, EAST		STREET ADDRESS	Bartow, FL 33830	
CITY-ST-ZIP	BARTOW, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUTNAM, ABEL A		NAME		
STREET ADDRESS	1330 1ST AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 the empowered.					
SIGNATURE: <i>Dudley Putnam, II</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Wm Dudley Putnam, II <small>Date</small>		
			01/18/2006 <small>Date</small>		
			(803) 937-5611 <small>Daytime Phone #</small>		