

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90035 049 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-1024504

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUTNAM, II W DUDLEY
2240 HELEN CIR E
BARTOW, FL 33830**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PUTNAM II, WM DUDLEY
STREET ADDRESS 2240 HELEN CIRCLE, E
CITY-ST-ZIP BARTOW, FL

TITLE TD ☐ Delete
NAME PUTNAM, SARA H.
STREET ADDRESS 2240 HELEN CIRCLE EAST
CITY-ST-ZIP BARTOW, FL

TITLE VD ☐ Delete
NAME PUTNAM III, WILLIAM D
STREET ADDRESS 1710 MARIPOSA AVE
CITY-ST-ZIP BARTOW, FL 33830

TITLE D ☐ Delete
NAME SPINOSA, GHIA P
STREET ADDRESS 490 E HOOKER ST
CITY-ST-ZIP BARTOW, FL 33830

TITLE TD ☐ Delete
NAME PUTNAM, ABEL A
STREET ADDRESS 1330 1ST AVE SOUTH
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Putnam, III 1/8/07 863-537-5611
DATE Daytime Phone #