## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 261338** 

Entity Name: DUDLEY PUTNAM, INC.

FILED Jan 07, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2310 80 FT RD 2310 80 FT RD POST OFFICE BOX 1400 BARTOW, FL 33830 BARTOW, FL 33830 **New Mailing Address: Current Mailing Address:** 2310 80 FT RD POST OFFICE BOX 1400 POST OFFICE BOX 1400 BARTOW, FL 33831 BARTOW, FL 33830 FEI Number: 59-1024504 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PUTNAM, II W DUDLEY 2240 HELEN CIR E BARTOW, FL 33830 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition PUTNAM II, WM DUDLEY, PUTNAM II, WM DUDLEY, Name: Name: 2240 HELEN CIRCLE, E 2240 HELEN CIRCLE, E Address: Address: City-St-Zip: BARTOW FL City-St-Zip: BARTOW, FL 33830 Title: Title: () Change () Addition () Delete PUTNAM, SARA H Name: Name: 2240 HELEN CIRCLE E Address: Address: BARTOW, FL 33830 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: VD () Change () Addition PUTNAM III, WILLIAM D Name: Name: 1710 MARIPOSA AVE Address: Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: () Delete Title: () Change () Addition SPINOSA, GHIA P Name: Name: Address: 490 E HOOKER ST Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: SD Title: () Delete () Change () Addition PUTNAM, ABEL A Name: Name: 1330 1ST AVE S Address: Address: BARTOW, FL 33830 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GHIA PUTNAM SPINOSA TD 01/07/2009