2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 556642

1. Entity Name
PUTNAM GROVES, INC.

Principal Place of Business	Mailing Address
2310 80 FT RD P.O. BOX 1400 BARTOW, FL 33830	2310 80 FT RD P.O. BOX 1400 BARTOW, FL 33830

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1792759
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PUTNAM, WM. D II
2240 HELEN CIR. E
BARTOW, FL 33830

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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 _____ 01.10.2005
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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
NAME	PUTNAM, WM. DUDLEY II
STREET ADDRESS	2240 HELEN CIRCLE E
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	TD
NAME	PUTNAM, SARA H.
STREET ADDRESS	2240 HELEN CIRCLE E.
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	VD
NAME	PUTNAM, WILLIAM DUDLEY
STREET ADDRESS	150 CHESHIRE RD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	SPINOSA, GHIA PUTNAM
STREET ADDRESS	1196 HERMOSA AVE, E
CITY-ST-ZIP	BARTOW, FL
TITLE	SD
NAME	PUTNAM, ABEL A
STREET ADDRESS	1330 1ST AVE S
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000178072
01/12/05-80011-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 01.10.2005 863 537 5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #