

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # 615694

1. Entity Name
CHARLES PUTMAN & ASSOCIATES, INC.



Principal Place of Business
**4722 NW 2ND AVE STE C-106
BOCA RATON, FL 33431 US**

Mailing Address
**4722 NW 2ND AVE STE C-106
BOCA RATON, FL 33431 US**



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1926283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PUTMAN, CHARLES
2830 NW 29TH DR
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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	VSD
NAME	PUTMAN, CAROLE R
STREET ADDRESS	2830 N.W. 29TH DRIVE
CITY-ST-ZIP	BOCA RATON, FL

TITLE	PTD
NAME	PUTMAN, CHARLES
STREET ADDRESS	2830 N.W. 29TH DRIVE
CITY-ST-ZIP	BOCA RATON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80077-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Charles Putman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-07 (561) 994-6411