## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF

## **Secretary of State** DOCUMENT # F45109 02-02-2006 90077 039 \*\*\*150.00 1. Entity Name RON PUTMAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 1233 HUNTINGTON RIDGE RD 1233 HUNTINGTON RIDGE RD LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 2. Principal Place of Business 3. Mailing Address 4403 Bayou 4402 Bayou Oaks Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 59-2397344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESS, GLENN L Street Address (P.O. Box Number is Not Acceptable) 9108 W. HIGHWAY 98 PANAMA CITY BEACH FL 32407 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE Change TITLE ☐ Delete NAME NAME PUTMAN, JAMES R STREET ADDRESS STREET ADDRESS 1233 HUINTINGTON RIDGE RD CITY-ST-ZIP LYNN HAVEN FL 32411 CITY-ST-ZIP TITLE **VPS** Delete TITLE NAME PUTMAN, ANITA W NAME STREET ADDRESS 1233 HUNTINGTON RIDGE RD STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-7IP TITLE \_\_\_\_ Delete TITLE D NAME NAME HOLLIDAY, JOE 1202 Hastington Rudge Rd Lyan Haver A. 32444 STREET ADDRESS STREET ADDRESS 1614 NEW HAMPSHIRE AVE CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL 32444 TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED** 

Feb 02, 2006 8:00 am