

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84130

Entity Name: WM. F. PUCKETT, INC.

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

1860 STONE STREET
BARBERVILLE, FL 321057298 US

New Principal Place of Business:

1860 STONE RD
BARBERVILLE, FL 321057298 US

Current Mailing Address:

C/O WM. F. PUCKETT
P.O. BOX 298
BARBERVILLE, FL 321057298

New Mailing Address:

FEI Number: 59-2610444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUCKETT, WM F
1860 STONE ST
BARBERVILLE, FL 32105 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: PUCKETT, WM F
Address: 340 FOX HOLLOW DR
City-St-Zip: BARBERVILLE, FL 32105

Title: DST () Delete
Name: PUCKETT, JULIE H
Address: 340 FOX HOLLOW DR
City-St-Zip: BARBERVILLE, FL 32105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JULIE H. PUCKETT

DST

02/27/2009

Electronic Signature of Signing Officer or Director

Date