
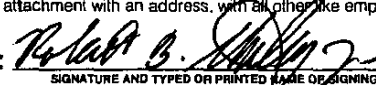


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Mar 01, 2004 8:00 am
Secretary of State

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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

44014374

DOCUMENT # J83018			
1. Entity Name PUTNAM STATE BANK			
Principal Place of Business 350 STATE ROAD 19 NORTH POST OFFICE DRAWER 1299 PALATKA, FL 32177-2446		Mailing Address 350 STATE ROAD 19 NORTH POST OFFICE DRAWER 1299 PALATKA, FL 32177-1299 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-2552647	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKETT, STEPHEN L.	NAME	MYERS, VERNON H., JR.
STREET ADDRESS	700 ZEAGLER DRIVE SUITE 11	STREET ADDRESS	2500 PAIRWAY DRIVE
CITY-ST-ZIP	PALATKA, FL 32177	CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORODE, WILLIAM E. III	NAME	SHACKLEY, ROBERT B., JR.
STREET ADDRESS	1209 REID ST.	STREET ADDRESS	4650 SOUTH MOON TRAIL
CITY-ST-ZIP	PALATKA, FL	CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULL, DUANE A	NAME	HOLMES, JOHN
STREET ADDRESS	20 RED MAPLE CIRCLE	STREET ADDRESS	8218 LAKE MONT DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, RONALD	NAME	REVELS, WILLIAM J.
STREET ADDRESS	501 ST. JOHNS AVENUE	STREET ADDRESS	9000 COWPEN BRANCH ROAD
CITY-ST-ZIP	PALATKA, FL 32177	CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, BEN JR	NAME	TRESCOT, JOHN H., JR.
STREET ADDRESS	3400 CRILL AVENUE	STREET ADDRESS	AWAYS AWAY
CITY-ST-ZIP	PALATKA, FL 32177	CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, KELLY R JR	NAME	WOLFENDEN, JOHN W., MD
STREET ADDRESS	213 CRYSTAL COVE DR	STREET ADDRESS	700 ZEAGLER DRIVE, SUITE 9
CITY-ST-ZIP	PALATKA, FL 32177	CITY-ST-ZIP	PALATKA, FL 32177
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 other like empowered.			
SIGNATURE: 		ROBERT B. SHACKLEY, JR.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		02/25/04	
		386-328-5600	
		Daytime Phone #	