

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83018

FILED
Jan 15, 2009
Secretary of State

Entity Name: PUTNAM STATE BANK

Current Principal Place of Business:

350 STATE ROAD 19 NORTH
POST OFFICE DRAWER 1299
PALATKA, FL 321772446

New Principal Place of Business:

350 STATE ROAD 19 NORTH
PALATKA, FL 321772446

Current Mailing Address:

350 STATE ROAD 19 NORTH
POST OFFICE DRAWER 1299
PALATKA, FL 321771299 US

New Mailing Address:

350 STATE ROAD 19 NORTH
PALATKA, FL 321772446 US

FEI Number: 59-2552647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCLAIN, L. WAYNE CEO
350 STATE ROAD 19 NORTH
PALATKA, FL 32177 US

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: L. WAYNE MCCLAIN

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BECKETT, STEPHEN L.
Address: 700 ZEAGLER DRIVE SUITE 11
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: TORODE, WILLIAM E. I, II
Address: 1209 REID ST.
City-St-Zip: PALATKA, FL

Title: V () Delete
Name: HULL, DUANE A
Address: 20 RED MAPLE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: CD () Delete
Name: CLARK, RONALD
Address: 501 ST. JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BATES, BEN JR
Address: 3400 CRILL AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: SMITH, KELLY R JR
Address: 213 CRYSTAL COVE DR
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DUANE HULL

V

01/15/2009

Electronic Signature of Signing Officer or Director

Date