2005 FOR PROFIT CORPORATION ANNUAL REPORT

| 2005 FOR PROFI ANNUAL | T CORPORAT . REPORT | ION | 06-27-2005 90003 006 ***150.00 K94965 |
|--|---|---|---|
| DOCUMENT # K94965 1. Entity Name PUTTICK ENTERPRISES, INC. | | | 2005 JUL -5 PM 4: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Principal Place of Business 917 BEACHLAND BLVD VERO BEACH, FL 32963 | Mailing Address 917 BEACHLAND BOULE VERO BEACH, FL 32963 | | \$ 50053845 |
| 2. Principal Place of Business 917 Beachland Blvd Suite, Apt. #, etc. | 3. Mailing Address 917 Suite, Apt. #, etc. | Beachlard | 05232005 Chg-P CR2E034 (10/03) |
| City & State Vero Beach FL | City's State Ven Beach | FL | 4. FEI Number Applied For 65-0132868 Not Applicable |
| 32963 County USA 6. Name and Address of Current | Zip 329u3 | °USA | Certificate of Status Desired |
| CALDWELL, WILLIAM W 756 BEACHLAND BLVD. VERO BEACH, FL 32963 | | Name Street Address City | ss (P.O. Box Number is Not Acceptable) |
| 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. | | egistered office or regis | stered agent, or both, in the State of Florida. I am familiar with, and accept |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | Election Campaig Trust Fund Contril | | \$5.00 May Be Added to Fees |
| 10. OFFICERS AND TITLE DP NAME PUTTICK, KENNETH G PRESID STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 | ☐ Delete | IITLE NAME STREET ADDRESS CHY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition |
| IIILE O PUTTICK, JANINE OFFICER STREET ADDRESS 917 BEACHLAND BOULEVARD VERO BEACH, FL 32963 | Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | ITTLE NAME STREET ADDRESS CITY-ST-ZIP. | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C) Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Deleta | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| indicated on this report or supplemental report is of the corporation or the receiver or trustee empendinged, or on an attachment with an address. SIGNATURE: | s true and accurate and that my lowered to execute this report a | y signature shall have th is required by Chapter 6 | n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |