

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011253

FILED
Apr 21, 2005
Secretary of State

Entity Name: PUTNAM MARITIME HERITAGE CORPORATION

Current Principal Place of Business:

605 FRONT STREET
WELAKA, FL 32193

New Principal Place of Business:

Current Mailing Address:

605 FRONT STREET
WELAKA, FL 32193

New Mailing Address:

FEI Number: 65-1237898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPEAS, CARON
613 ST. JOHNS AVE., STE. 202
PALATAKA, FL 32177 US

Name and Address of New Registered Agent:

SPEAS, CARON
613 ST. JOHNS AVE., STE. 203
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: CARON SPEAS

04/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPEAS, RAND
Address: P.O. BOX 1210
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: SPEAS, MARIANNE
Address: P.O. BOX 1210
City-St-Zip: WELAKA, FL 32193

Title: DST () Delete
Name: SPEAS, CARON
Address: P.O. BOX 89
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: COBB, PHILIP
Address: P.O. BOX 960
City-St-Zip: WELAKA, FL 32193

Title: D (X) Delete
Name: BEHM, CHARLES
Address: P.O. BOX 10
City-St-Zip: POMONA PARK, FL 32193

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARON SPEAS

DST

04/21/2005

Electronic Signature of Signing Officer or Director

Date