

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90051 004 ***150.00

44000447



01062004 Chg-P CR2E034 (10/03)

4. FEI Number **26-0007271** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DOCUMENT # P01000121955
1. Entity Name
PUTNAM & CREIGHTON, P.A.



Principal Place of Business
**500 S FLORIDA AVE SUITE 200
LAKELAND, FL 33801**

Mailing Address
**PO BOX 3545
LAKELAND, FL 33802-3545**

2. Principal Place of Business
500 S. Florida Avenue
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lakeland, Florida
Zip
33801 Country
USA

6. Name and Address of Current Registered Agent
**PUTNAM, ABEL A
500 S FLORIDA AVE SUITE ~~200~~ 300
LAKELAND, FL 33801**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PUTNAM, ABEL A 500 S FLORIDA AVE SUITE 200 300 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CREIGHTON, ROBERTA J. ROBERTA J. 500 S. FLORIDA AVE, SUITE 200 300 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ABEL A. PUTNAM, PRES.** Date **1/6/04** Daytime Phone **863-682-1178**