2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056719

Entity Name: PUTNAM ALL CHEVRON, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2020 WELLS RD 1857 WELLS RD

17-1 230

ORANGE PARK, FL 32073 US ORANGE PARK, FL 32073 US

Current Mailing Address: New Mailing Address:

2020 WELLS RD 1857 WELLS RD

17-1 230

ORANGE PARK, FL 32073 US ORANGE PARK, FL 32073 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KHALID, MUGHAL
2020 WELLS RD

KHALID, MUGHAL
1857 WELLS RD

7-I 230

ORANGE PARK, FL 32073 US ORANGE PARK, FL 32073 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: KHALID MUGHAL 05/01/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:title:pdf} \mbox{Title:} \qquad \mbox{P,D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P,D} \qquad \mbox{(X) Change () Addition}$

Name: KHALID, MUGHAL Name: KHALID, MUGHAL

 Address:
 2020 WELLS RD UNIT 17-I
 Address:
 1857 WELSS RD SUITE # 230

 City-St-Zip:
 ORANGE PARK, FL 32073 US
 City-St-Zip:
 ORANGE PARK, FL 32073 US

Title: VP,D (X) Delete Title: () Change () Addition

 Name:
 ADEL, SALEM
 Name:

 Address:
 2020 WELLS RD UNIT 17-I
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073 US
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KHALID MUGHAL PD 05/01/2004