

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101052

Entity Name: PUTNAM PSYCHOTHERAPY, INC.

FILED  
Apr 01, 2005  
Secretary of State

**Current Principal Place of Business:**

315 PHEASANT RD  
SATSUMA, FL 32189

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2021  
PALATKA, FL 32178

**New Mailing Address:**

FEI Number: 20-1336013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHARPE, ALEXANDER B III  
315 PHEASANT RD.  
SATSUMA, FL 32189 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: SHARPE, ALEXANDER B  
Address: 315 PHEASANT RD  
City-St-Zip: SATSUMA, FL 32189

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER B. SHARPE

PTS

04/01/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date