


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90022 018 ***150.00

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| DOCUMENT # P97000004072. 1. Entity Name PUTNAM BUILDERS, INC. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 6993 HIGHLAND PARK CIRCLE FORT MYERS, FL 33912 | | Mailing Address 6993 HIGHLAND PARK CIRCLE FORT MYERS, FL 33912. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 11347 LAKE CYPRESS LOOP Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 61973 Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Fort MYERS, FL Zip 33913 Country USA | | City & State Fort MYERS, FL Zip 33906-1973 Country USA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 65-0720621 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent PUTNAM, STEVEN G 6993 HIGHLAND PARK CIRCLE FORT MYERS, FL 33912 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11347 LAKE CYPRESS LOOP City Fort MYERS FL Zip Code 33913 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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] Director STEVEN G. PUTNAM 3/11/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D PUTNAM, STEVEN G</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>6993 HIGHLAND PARK CIRCLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | D PUTNAM, STEVEN G | <input type="checkbox"/> Delete | NAME | 6993 HIGHLAND PARK CIRCLE | | STREET ADDRESS | FORT MYERS, FL 33912 | | CITY-ST-ZIP | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td>11347 LAKE CYPRESS LOOP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT MYERS, FL 33913</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | | NAME | 11347 LAKE CYPRESS LOOP | | STREET ADDRESS | FORT MYERS, FL 33913 | | CITY-ST-ZIP | | |
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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] Director STEVEN G. PUTNAM 3/11/04 239-561-0777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |