

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272007 Chg-P CR2E034 (12/06)

DOCUMENT # P97000103769					
1. Entity Name PUTNAM LEASING COMPANY B, INC.					
Principal Place of Business 16313 N DALE MABRY HWY TAMPA, FL 33618			Mailing Address PO BOX 272000 TAMPA, FL 33688-2000		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3481523				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDULLA, RICHARD J 16313 N DALE MABRY HWY TAMPA, FL 33618			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIDULLA, RICHARD J 16313 N DALE MABRY HWY TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300102200743 05/11/07--01011--005 **\$8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, ROBERT 14651 21ST ST DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300102200743 05/11/07--01008--021 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODBURY, TIMOTHY S 16313 N DALE MABRY HWY TAMPA, FL 33618 <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	S TURKE, THOMAS H 16313 N DALE MABRY HWY TAMPA, FL 33618 <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	T GEERAERTS, JOHN J 16313 N DALE MABRY HWY TAMPA, FL 33618 <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	D GREEN, MAL 1640 W JEFFERSON QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>John W. Geeraerts</u>		4/27/2007		813.963.0794	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone	

John W. Geeraerts

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DOCUMENT No: P97000103769

ATTACHMENT

Putnam Leasing Company B, Inc.
16313 N. Dale Mabry Highway
P.O. Box 272000
Tampa, FL 33688-2000

10. Names and Street Addresses of Each Officer and Director (Continued)

TITLE	NAMES OF OFFICERS AND DIRECTORS	STREET ADDRESS OF EACH OFFICER AND DIRECTOR	CITY, STATE, ZIP
D	Malcolm Page	U.S. Highway 90 West	Madison, FL 32341