

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90025 028 ***150.00

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
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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

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3481523	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODBURY, TIMOTHY S 16313 N DALE MABRY HWY TAMPA FL 33618	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

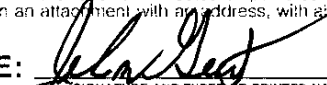
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	MIDULLA, RICHARD J			NAME			
STREET ADDRESS	16313 N DALE MABRY HWY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP			
TITLE	D	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	STRICKLAND, ROBERT			NAME			
STREET ADDRESS	14651 21ST ST			STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33525			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE	P	☒ Change ☐ Addition	
NAME	WOODBURY, TIMOTHY S			NAME	WOODBURY, TIMOTHY S		
STREET ADDRESS	16313 N DALE MABRY HWY			STREET ADDRESS	16313 N DALE MABRY HWY		
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP	TAMPA, FL 33618		
TITLE	S	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	TURKE, THOMAS H			NAME			
STREET ADDRESS	16313 N DALE MABRY HWY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE	S	☒ Change ☐ Addition	
NAME	GEERAERTS, JOHN J			NAME	GEERAERTS, JOHN W		
STREET ADDRESS	16313 N DALE MABRY HWY			STREET ADDRESS	16313 N DALE MABRY HWY		
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP	TAMPA, FL 33618		
TITLE	D	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	GREEN, MAL			NAME			
STREET ADDRESS	1640 W JEFFERSON			STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **JOHN W. GEERAERTS** 03/ 18/08 (813)963-0994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #