

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90809 001 ***450.00

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1. Entity Name

PUTNAM LEASING COMPANY C, INC.



Principal Place of Business

16313 N DALE MABRY HWY
TAMPA FL 33618

Mailing Address

PO BOX 272000
TAMPA FL 33688

00410042



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3481524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDULLA, RICHARD J
16313 N DALE MABRY HWY
TAMPA FL 33688

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MIDULLA, RICHARD J
STREET ADDRESS 16313 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PHILLIPS, WILLIAM C
STREET ADDRESS 225 WEST WALKER DRIVE
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☐ Change ☒ Addition
NAME DRAKE, JOHN
STREET ADDRESS 1190 US HWY 27 EAST
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE S ☐ Delete
NAME WOODBURY, TIMOTHY S
STREET ADDRESS 16313 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33618

TITLE V ☒ Change ☐ Addition
NAME WOODBURY, TIMOTHY S
STREET ADDRESS 16313 N DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33618

TITLE V ☒ Delete
NAME DUREN, JAMES R
STREET ADDRESS 16313 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33618

TITLE S ☐ Change ☒ Addition
NAME TURKE, THOMAS H
STREET ADDRESS 16313 N DALE MABRY
CITY-ST-ZIP TAMPA, FL 33618

TITLE T ☐ Delete
NAME GEERAERTS, JOHN W
STREET ADDRESS 16313 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GREEN, MAL
STREET ADDRESS 1640 W. JEFFERSON
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Change ☒ Addition
NAME STRICKLAND, ROBERT
STREET ADDRESS 14651 21ST STREET
CITY-ST-ZIP DADE CITY, FL 33525

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:

John W Geeraerts

JOHN W GEERAERTS

4/30/04

(813)963-0994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #