

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90416 024 \*\*\*150.00

<b>DOCUMENT # P97000103783</b>	
1. Entity Name <b>PUTNAM LEASING COMPANY C, INC.</b>	

Principal Place of Business <b>16313 N DALE MABRY HWY TAMPA FL 33618</b>	Mailing Address <b>PO BOX 272000 TAMPA FL 33688</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

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**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**B.** 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, 2006 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

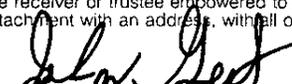
**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIDULLA, RICHARD J	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, JOHN	
STREET ADDRESS	1190 US HWY 27 EAST	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOODBURY, TIMOTHY S	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	S	<input type="checkbox"/> Delete
NAME	TURKE, THOMAS H	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	T	<input type="checkbox"/> Delete
NAME	GEERAERTS, JOHN W	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, MAL	
STREET ADDRESS	1640 W. JEFFERSON	
CITY-ST-ZIP	QUINCY FL 32351	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Strickland, Robert	
STREET ADDRESS	14651 21ST STREET	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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** **4/3/06** **813-963-0994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PUTNAM LEASING COMPANY C INC.  
16313 N. DALE MABRY HIGHWAY  
TAMPA, FLORIDA 33618

**ATTACHMENT**

40059853

DOCUMENT#P97000103783

12. NAMES AND STREET ADDRESSES OF EACH OFFICER AND DIRECTOR (CONTINUED)

<u>TITLE</u>	<u>NAMES OF OFFICERS AND DIRECTORS</u>	<u>STREET ADDRESS OF EACH OFFICER AND DIRECTOR</u>	<u>CITY, STATE, ZIP</u>
D	MALCOLM PAGE	U.S. HIGHWAY 90 WEST	MADISON, FL 32341