

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-04-2008 90025 031 ***150.00

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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

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

59-3481524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

WOODBURY, TIMOTHY S
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 33618

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, 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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MIDULLA, RICHARD J	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-STATE-ZIP	TAMPA FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, ROBERT	
STREET ADDRESS	14651 21ST STREET	
CITY-STATE-ZIP	DADE CITY FL 33525	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOODBURY, TIMOTHY S	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-STATE-ZIP	TAMPA FL 33618	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TURKE, THOMAS H	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-STATE-ZIP	TAMPA FL 33618	
TITLE	T	<input type="checkbox"/> Delete
NAME	GEERAERTS, JOHN W	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-STATE-ZIP	TAMPA FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, MAL	
STREET ADDRESS	1640 W. JEFFERSON	
CITY-STATE-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-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBURY, TIMOTHY S	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-STATE-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEERAERTS, JOHN W	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-STATE-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 JOHN W. GEERAERTS

03/18/08

(813) 963-0994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax