

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90252 028 \*\*\*150.00

**DOCUMENT # P98000034046**



1. Entity Name  
**BILL PUTNAM, P.A.**

Principal Place of Business  
 1021 MENDEL AVE.  
 MARCO ISLAND, FL 34145

Mailing Address  
 1021 MENDEL AVE.  
 MARCO ISLAND, FL 34145

**54030823**



2. Principal Place of Business  
**302 NEWPORT DR**  
 Suite, Apt. #, etc. **# 1510**

3. Mailing Address  
**302 NEWPORT DR**  
 Suite, Apt. #, etc. **# 1510**

04092004 Chg-P CR2E034 (10/03)

City & State  
**NAPLES FL**

City & State  
**NAPLES, FL**

4. FEI Number  
**59-3510684** Applied For  
 Not Applicable

Zip **34114** Country **COLLIER**

Zip **34114** Country **COLLIER**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PUTNAM, BILL**  
**1021 MENDEL AVE.**  
**MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent  
 Name **SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**302 NEWPORT DR # 1510**  
**NAPLES, FL**  
 City **FL** Zip Code **34114**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> Delete
NAME	PUTNAM, BILL	
STREET ADDRESS	1021 MENDEL AVE.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADDRESS CHANGE ONLY</b>	
STREET ADDRESS	<b>302 NEWPORT DR # 1510</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34114</b>	
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 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 Bill Putnam PA 4/09/04