

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

10 JUN 21 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800182461598

06/22/10--01002--018 **150.00

CR2E034B (11/08)

DOCUMENT # P99000094735

1. Entity Name

Matthew Putnam, Inc.



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2. Principal Place of Business - No P.O. Box #

6860 Prairie Junction Trail

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

4. FEL Number

650956250

Applied For

Not Applicable

Zip

34241

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Matthew Putnam

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

6860 Prairie Junction Trail

City

Sarasota

FL

Zip Code

34241

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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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DL
6-22-10

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Matthew Putnam
6860 Prairie Junction Trail
Sarasota, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew Putnam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/10

Date

941-961-2370

Daytime Phone #