## 2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Jul 12, 2007 08:00 AM Secretary of State **DOCUMENT # \$98345** 1. Entity Name PUTNAL GROVES, INC. Principal Place of Business Mailing Address 10755 RUSS RD 10755 RUSS RD MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 05252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0301024 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PUTNAL, R. RUSS DO NOT WRITE 10755 RUSS RD. MYAKKA CITY, FL 34251 IN THIS SPACE 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. DATE SNOTE. Registered Ament signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. TILLE PUTNAL, R. RUSS NAME STREET ADDRESS 10755 RUSS RD. CITY - ST - ZIP MYAKKA CITY, FL **AMGR** TITLE U00000768469 07/12/07-80009-019 550.00 NEGLAND, DIXIE HAME STREET ADDRESS 28950 SINGLETARY RD. MYAKKA CITY, FL 34251 CITY-ST-ZIP TITLE AMGR PUTNAL, ZACH NAME STREET ADDRESS 10755 RUSS RD DO NOT WRITE CITY-ST-ZIP MYAKKA CITY, FL 34251 IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP TIMLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytime Phone #