2005 FOR PROFIT CORPORATION

ANNUAL REPORT Jan 21, 2005 08:00 AM **Secretary of State** DOCUMENT # V61971 1. Entity Name PUTNAM FEED & FARM SUPPLY, INC. Principal Place of Business Mailing Address 156 STATE ROAD 20 156 STATE ROAD 20 PALATKA, FL 32177 PALATKA, FL 32177 No Chg-P CR2E034 (10/03) 01112005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3140904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent EUBANKS, ALLEN BRADLEY DO NOT WRITE 156 STATE ROAD 20 PALATKA, FL 32177 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, typed or printed name of registered agent and tille if applicable. (NOTE, Registered Agent signature required when reinstalling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PSTD** NAME EUBANKS, ALLEN BRADLEY STREET ADDRESS 156 STATE ROAD 20 1000001181823 CITY-ST-ZIP PALATKA, FL 32177 01/24/05-80030-021 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: ____

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

1-11-05

(386):328-1134

Daytime Phone #

FILED