2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005141

Entity Name: CENTENNIAL BANK

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 620 CHESTNUT STREET CONWAY, AR 72032 **Current Mailing Address: New Mailing Address:** P.O. BOX 966 CONWAY, AR 72033 FEI Number: 71-0009885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PADGETT, HUNTER CONDAS, TERESA 11290 OVERSEAS HIGHWAY 11290 OVERSEAS HIGHWAY MARATHON, FL 33050 MARATHON, FL 33050 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. SIGNATURE: TERESA CONDAS 04/03/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ALLISON, JOHNNY Name: Name: 620 CHESTNUT STREET Address: Address: City-St-Zip: CONWAY, AR 72032 City-St-Zip: Title: Title: TD () Delete () Change () Addition Name: MAYOR, RANDY Name: 620 CHESTNUT STREET Address: Address: City-St-Zip: CONWAY, AR 72032 City-St-Zip: Title: Title: (X) Delete () Change () Addition BRAZIL, WILLIAM C Name: Name: 620 CHESTNUT STREET Address: Address: City-St-Zip: CONWAY, AR 72032 City-St-Zip: Title: () Delete Title: () Change () Addition SIMS, RANDY Name: Name: Address: 620 CHESTNUT STREET Address: City-St-Zip: CONWAY, AR 72032 City-St-Zip: Title: Title: () Delete (X) Change () Addition ABRAMS, TOMMY Name: ADCOCK, ROBERT H JR Name: 620 CHESTNUT STREET Address: 620 CHESTNUT STREET Address: City-St-Zip: CONWAY, AR 72032 City-St-Zip: CONWAY, AR 72032 Title: () Delete Title: (X) Change () Addition BREWER, SANDY Name: Name: MCKENNA, HOLLY 620 CHESTNUT STREET Address: Address: 620 CHESTNUT STREET City-St-Zip: CONWAY, AR 72032 City-St-Zip: CONWAY, AR 72032

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY MAYOR TD 04/03/2009