

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92597

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: DRUMMOND BANKING COMPANY

**Current Principal Place of Business:**

1627 N. YOUNG BLVD.  
P.O. BOX 1039  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1039  
1627 N. YOUNG BLVD.  
CHIEFLAND, FL 326441039 US

**New Mailing Address:**

FEI Number: 59-2964393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DRUMMOND, G. L.  
1627 N YOUNG BLVD  
CHIEFLAND, FL 32626 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DRUMMOND, G. LUTHER., II  
Address: P. O. BOX 406 N/A  
City-St-Zip: CHIEFLAND, FL

Title: VP ( ) Delete  
Name: CLAUSSEN, DAVID  
Address: PO BOX 1778  
City-St-Zip: CHIEFLAND, FL 326441778

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MARTIN, JERRY  
Address: PO BOX 1715  
City-St-Zip: CHIEFLAND, FL 326441715

Title: VP ( ) Change (X) Addition  
Name: COWART, WILLIAM R  
Address: P O BOX 1039  
City-St-Zip: CHIEFLAND, FL 32644

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM R COWART

VP

01/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date