

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90014 031 ***150.00

DOCUMENT # P02000033249



1. Entity Name
COMMERCE NATIONAL BANKSHARES OF FLORIDA, INC.

Principal Place of Business Mailing Address
1201 SOUTH ORLANDO AVENUE P.O. BOX 8181
SUITE 100 WINTER PARK, FL 32790



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03282005 Chg-P CR2E034 (10/03)

4. FEI Number **01-0691279** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLADO, RAY D
1201 SOUTH ORLANDO AVENUE
SUITE 100
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 Name
 *Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLADO, RAY D 1201 S ORLANDO AV STE 100 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COLADO, GUY D 401 N INTERLACHEN AVENUE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 327 Beloit Avenue
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKETT, RUSSELL 621 ARAPAHO TRAIL MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, F. WILLIAM 605 PARK AVE NORTH WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, JENNIFER F 1801 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCE, JENNIFER A 1801 W INTERNATIONAL BLVD DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **3/30/05** (407) 622-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40044319

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Block 10 continued

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary L. Demetree 1231 Mayfield Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jane H. Louttit 851 Lake Catherine Drive Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leonard E. Williams, Jr. 2930 N. Westmoreland Drive Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D R. Todd Wilson 300 Promenade Circle Lake Mary, FL 32746