

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

Approved By FILED Date 4-12-06  
 Date Rec'd 1-19-06 Check # April 17, 2006 08:00 AM

SL Title Comptroller of State Secretary of State



DOCUMENT # P02000033249  
 1. Entity Name  
 COMMERCE NATIONAL BANKSHARES OF FLORIDA, INC.

Principal Place of Business  
 1201 SOUTH ORLANDO AVENUE  
 SUITE 100  
 WINTER PARK, FL 32789

Mailing Address  
 P.O. BOX 8181  
 WINTER PARK, FL 32790



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLADO, RAY D 1201 S ORLANDO AV STE 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COLADO, GUY D 327 BELOIT AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKETT, RUSSELL 621 ARAPAHO TRAIL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, F. WILLIAM 605 PARK AVE NORTH WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, JENNIFER F 1801 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000511626  
 04/29/06-80056-017 150.00

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12. I hereby certify that the information supplied with this filing 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: \_\_\_\_\_ Date 4-13-06 407-622-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ray D. Colado Daytime Phone # \_\_\_\_\_