


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90254 003 ***150.00

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**

DO NOT WRITE IN THIS SPACE

40077048



04132007 No Chg-P CR2E034 (11/05)

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

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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, 2007 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	The additional four directors remain the same as submitted in 2006.

DO NOT WRITE IN THIS SPACE

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:  **Guy D. Colado** **4/19/07** **407-622-8181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #