


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90063 040 ***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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03142008	Chg-P	CR2E034 (12/06)
4. FEI Number 01-0691279		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLADO, RAY D 1201 SOUTH ORLANDO AVENUE SUITE 100 WINTER PARK, FL 32789	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLADO, RAY D			NAME			
STREET ADDRESS	1201 S ORLANDO AV STE 100			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP			
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLADO, GUY D			NAME	=		TO TITLE
STREET ADDRESS	327 BELOIT AVE			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARKETT, RUSSELL			NAME			
STREET ADDRESS	621 ARAPAHO TRAIL			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, F. WILLIAM			NAME			
STREET ADDRESS	605 PARK AVE NORTH			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATES, JENNIFER F			NAME			
STREET ADDRESS	1801 W INTERNATIONAL SPEEDWAY BLVD			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Ray D. Colado **RAY D. COLADO** 4-10-08 407-622-8181

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