

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033249

FILED
Apr 27, 2009
Secretary of State

Entity Name: COMMERCE NATIONAL BANKSHARES OF FLORIDA, INC.

Current Principal Place of Business:

1201 SOUTH ORLANDO AVENUE
SUITE 100
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8181
WINTER PARK, FL 32790

New Mailing Address:

1201 SOUTH ORLANDO AVENUE
SUITE 100
WINTER PARK, FL 32789

FEI Number: 01-0691279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLADO, RAY D
1201 SOUTH ORLANDO AVENUE
SUITE 100
WINTER PARK, FL 32789 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: STD () Delete
Name: COLADO, RAY D
Address: 1201 S ORLANDO AV STE 100
City-St-Zip: WINTER PARK, FL 32789

Title: PCEO () Delete
Name: COLADO, GUY D
Address: 327 BELOIT AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BARKETT, RUSSELL
Address: 621 ARAPAHO TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: BRYAN, F. WILLIAM
Address: 605 PARK AVE NORTH
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BATES, JENNIFER F
Address: 1801 W INTERNATIONAL SPEEDWAY BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GUY D. COLADO

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date