# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 25, 2005 8:00 am**
**Secretary of State**
04-25-2005 90234 027 ***150.00

DOCUMENT # P97000091697

1. Entity Name

JACKSONVILLE BANCORP, INC,

| Principal Place of Business | Mailing Address |
|---|---|
| 76 S. LAURA ST.<br>SUITE 104<br>JACKSONVILLE FL 32203<br>US | P.O. BOX 40466<br>JACKSONVILLE FL 32203<br>US |

1st MOORE CR2E034 (10/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 100 NORTH LAURA STREET | 100 NORTH LAURA STREET |
| Suite, Apt. #, etc.: SUITE 1000 | Suite, Apt. #, etc.: SUITE 1000 |
| City & State: JACKSONVILLE, FL | City & State: JACKSONVILLE, FL |
| Zip: 32202 Country: | Zip: 32202 Country: |

4. FEI Number 59-3472981 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHALEN, CHERYL L EV/CFO
76 S. LAURA STREET SUITE 104
JACKSONVILLE FL 32202

**7. Name and Address of New Registered Agent**

Name: KENDALL, VALERIE EVP/CFO

Street Address (P.O. Box Number is Not Acceptable): 100 NORTH LAURA STREET SUITE 1000

City: JACKSONVILLE FL Zip Code: 32202

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: Valerie A. Kendall 4/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

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 | D<br>CARTER, MICHAEL D<br>2709 SOUTH OCEAN DRIVE<br>JACKSONVILLE BEACH FL 32250-5946 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STV<br>WHALEN, CHERYL L<br>407 ARTHUR MOORE DRIVE<br>GREEN COVE SPRINGS FL 34043 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ✓<br>VALERIE A. KENDALL<br>100 N. LAURA ST, SUITE 1000<br>JACKSONVILLE, FL 32202 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MILLS, R.C.<br>105 MIDDLETON PLACE<br>PONTE VEDRA BEACH FL 32082 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>POMAR, GILBERT J III<br>4957 ORTEGA BLVD<br>JACKSONVILLE FL 32210 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHULTZ, JOHN R<br>1823 SEMINOLE RD<br>JACKSONVILLE FL 32205 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHWENCK, PRICE W<br>216 NORTH WIND COURT<br>PONTE VEDRA BEACH FL 32062 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Valerie A. Kendall 4/20/05 904-421-3051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #