

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087444

FILED
Apr 12, 2005
Secretary of State

Entity Name: FPB BANCORP, INC.

Current Principal Place of Business:

1301 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1301 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-1147861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKILES, DAVID W
1301 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952 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: D () Delete
Name: AUTIN, JAMES L
Address: 1700 HILLMOOR DR., STE. 501
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DVC () Delete
Name: BAKER, JOHN
Address: 1281 INDIAN MOUND TRAIL
City-St-Zip: VERO BEACH, FL 32963

Title: DC () Delete
Name: BERGER, GARY A
Address: 111 ORANGE AVE.
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: CUOZZO, DONALD J
Address: 735 COLORADO AVE., STE. 1
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: DECKER, ANN L
Address: PO BOX 497
City-St-Zip: JENSEN BEACH, FL 34958

Title: D () Delete
Name: MIRET, PAUL J
Address: 7950 POPPY HILLS LN
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SKILES, DAVID W PRES/CE
Address: 1301 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34952

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: DS (X) Change () Addition
Name: DECKER, ANN L
Address: PO BOX 497
City-St-Zip: JENSEN BEACH, FL 34958

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY E AUMACK, SVP/CFO

SVP

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date