


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 003153 1. Entity Name THE BANK OF BONIFAY						05 APR 19 PM 2:35 03312005 Chg-P CR2E034 (10/03)	
Principal Place of Business 300 N. WAUKESHA ST BONIFAY, FL 32425				Mailing Address PO BOX 65 BONIFAY, FL 32425			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-0153840				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 MEDLEY, MICHAEL A 224 N. WAUKESHA ST BONIFAY, FL 32425				7. Name and Address of New Registered Agent Name MEDLEY, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 300 N. WAUKESHA ST City BONIFAY FL 32425			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) 000054043480 05/09/05--01021--005 **200.00			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE VC NAME MEDLEY, GUY F STREET ADDRESS 224 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input type="checkbox"/> Delete			TITLE VC NAME MEDLEY, GUY F STREET ADDRESS 300 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE CEOC NAME MEDLEY, MICHAEL A STREET ADDRESS 224 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input type="checkbox"/> Delete			TITLE CEOC NAME MEDLEY, MICHAEL A STREET ADDRESS 300 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME JAMES, BRIAN K STREET ADDRESS 224 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input type="checkbox"/> Delete			TITLE P NAME JAMES, BRIAN K STREET ADDRESS 300 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME DURANT, DENNIS STREET ADDRESS 224 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input type="checkbox"/> Delete			TITLE D NAME DURANT, DENNIS STREET ADDRESS 300 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME ADAMS, JIM STREET ADDRESS 224 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input type="checkbox"/> Delete			TITLE D NAME ADAMS, JIM STREET ADDRESS 300 N. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/12/05 Daytime Phone # 850-647-3624			