

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90013 043 \*\*\*150.00

<b>DOCUMENT # 003153</b> 1. Entity Name <b>THE BANK OF BONIFAY</b>					
Principal Place of Business <b>300 N. WAUKESHA ST BONIFAY, FL 32425</b>			Mailing Address <b>PO BOX 65 BONIFAY, FL 32425-2244</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-0153840</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired. <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>JAMES, BRIAN K 155 CRYSTAL BEACH DR., SUITE 108 DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent Name <b>Brian K. James</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 N. Waukesha Street</b> City <b>Bonifay</b> <b>FL</b> Zip Code <b>32425</b>	
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  <b>Brian K. James</b> (850) 547-3624 <small>Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MEDLEY, GUY F 300 N. WAUKESHA ST BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC MEDLEY, MICHAEL A 300 N. WAUKESHA ST BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, BRIAN K 300 N. WAUKESHA ST BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURANT, DENNIS 300 N. WAUKESHA ST BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JIM 300 N. WAUKESHA ST BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED FOR ADDITIONS AND CHANGES				
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: 		Brian K. James		02/09/06      (850) 547-3624	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

# ATTACHMENT

40017864

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #003153

### THE BANK OF BONIFAY

#### 11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

TITLE	CEO / D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Brian K. James		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	C / D / P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	W. Stephen Thames		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bobby L. George		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Orlious G. Banks		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert E. Black		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Franklin L. Fisher		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Don W. Hersman		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Michael S. McCormick		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Wyatt B. Parish		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rupert E. Phillips		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Claude C. Royster, III		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Cathy Baugher		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		