

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 003385

FILED
Apr 05, 2007
Secretary of State

Entity Name: FARMERS AND MERCHANTS BANK

Current Principal Place of Business:

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO, FL 323450340 US

New Principal Place of Business:

200 E. WASHINGTON STREET
MONTICELLO, FL 323450340 US

Current Mailing Address:

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO, FL 323450340 US

New Mailing Address:

200 E. WASHINGTON STREET
MONTICELLO, FL 323450340 US

FEI Number: 59-0238640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SIMS, RICHARD M PRES
200 E. WASHINGTON STREET
MONTICELLO, FL FL US

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: R. MICHAEL SIMS

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CARRAWAY JR, F W,
Address: 2626 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: VP (X) Delete
Name: SWORDS, SANDY M.
Address: 120 COOPERS POND RD
City-St-Zip: MONTICELLO, FL 32344

Title: EVPD () Delete
Name: SIMS, R MICHAEL,
Address: 25 TALLAMONT ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: PD (X) Delete
Name: WRIGHT, L G,
Address: OLD LLOYD ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: SVP (X) Delete
Name: IKNER, JERALD
Address: BUCK LAKE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: SVP (X) Delete
Name: BOATWRIGHT, JERRY G.
Address: 287 NASH ROAD
City-St-Zip: LAMONT, FL 32336

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: CARRAWAY, FW C
Address: 1313 E. JACKSON STREET
City-St-Zip: THOMASVILLE, GA 31792

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

Title: PD (X) Change () Addition
Name: SIMS, RICHARD M P
Address: 25 TALLAMONT ROAD
City-St-Zip: MONTICELLO, FL 32344

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 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: R. MICHAEL SIMS

PRES

04/05/2007

Electronic Signature of Signing Officer or Director

Date