2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 005448

FILED
Jan 06, 2006
Secretary of State

Entity Name: COLUMBIA COUNTY BANK

Current Principal Place of Business:

173 NW HILLSBORO ST
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1609
LAKE CITY, FL 320561609 US

New Mailing Address:

FEI Number: 59-0201970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAYLOR, BRUCE A
173 NW HILLSBORO ST
LAKE CITY, FL 32055 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/VC ( ) Delete
Name: COLLINS, MICHAEL
Address: ROUTE 8 BOX 875
City-St-Zip: LAKE CITY, FL 32055

Title: D/C ( ) Delete
Name: SUMMERS, GORDON P
Address: 101 LAKE VISTA LN
City-St-Zip: LAKE CITY, FL 32055

Title: P/D ( ) Delete
Name: NAYLOR, BRUCE A
Address: 377 NW FOREST MEADOWS AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: GREEN, ROBIN C
Address: 2250 INGLEWOOD DR
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: GREEN, R L
Address: 1126 S CHURCH ST
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: SCAFF, LESTER
Address: 2200 EAST DUVAL STREET
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) 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: LARRY W. SISCO SVP 01/06/2006
Electronic Signature of Signing Officer or Director Date