## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 011180** 

FILED Feb 20, 2004 Secretary of State

Entity Name: FIRST COMMUNITY BANK OF PALM BEACH COUNTY

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
P.O. DRAV	H LAKE AVEN WER 599 E, FL 33476	JE				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. DRAV	H LAKE AVEN WER 599 E, FL 33476	JE				
FEI Number:	: 59-0153980	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired	( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	H LAKE AVEN	JE US				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or	both,	
SIGNATUR	RE:					
	Electron	c Signature of Registered Age	ent	Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	rors:	ADDITION	IS/CHANGES TO OFFICERS AND DIRE	CTORS:	
Title: Name: Address: City-St-Zip:	SRVP () STEVENS, LAR 104 S. LAKE AV PAHOKEE, FL	E.	Title: Name: Address: City-St-Zip:	VO (X) Change ( ) Addition ARCHER, ROBERT F 104 S. LAKE AVE. PAHOKEE, FL 33476		
Title: Name: Address: City-St-Zip:	D () STUBBS, SIDNE 505 S. FLAGLE WEST PALM BE	R DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () MCINTOSH, H. I 1631 1/2 BECO PAHOKEE, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	PDC () MORRIS, DALE 104 S. LAKE AV PAHOKEE, FL	W	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () ALVAREZ, GILB 400 NE 2ND ST BELLE GLADE,		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition CREWS, J W PO BOX 248 WAUCHULA, FL 33873		

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: ROBERT F ARCHER CFO 02/20/2004

ANNETTE M STUBBS 850 N ANCHORAGE DR NORTH PALM BEACH, FL 33408

S C PATE, DIRECTOR 209 S MAIN ST BELLE GLADE, FL 33430