2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 011537

Entity Name: FIRST BANK

FILED Apr 24, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:

300 E. SUGARLAND HIGHWAY
P.O. BOX 1237

300 E. SUGARLAND HIGHWAY
CLEWISTON, FL 33440

P.O. BOX 1237 CLEWISTON, FL 334 CLEWISTON, FL 33440

Current Mailing Address: New Mailing Address:

300 E. SUGARLAND HIGHWAY PO BOX 1237

P.O. BOX 1237 CLEWISTON, FL 33440 CLEWISTON, FL 33440

FEI Number: 59-0242465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition PERRY, THOMAS C JR Name: Name: P O BOX 145 Address: Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: Title: () Delete () Change () Addition RIDGDILL, MORRIS Name: Name: 209 CYPRESS AVENUE Address: Address: CLEWISTON, FL City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition COUSE, MILLER Name: Name: 227 W. CRESCENT AVENUE Address: Address: City-St-Zip: CLEWISTON, FL City-St-Zip: Title: () Delete Title: () Change () Addition BEER, BRYAN Name: Name: Address: 1021 N RIVER RD Address: City-St-Zip: LABELLE, FL 33935 City-St-Zip: Title: **VPST** Title: () Delete () Change () Addition WOOD, RANDALL N Name: Name: 282 CR 720 Address: Address: CLEWISTON, FL 33440 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition EDWARDS, EARL E 111 Name: Name: 325 E DEL MONTE AVE Address: Address: City-St-Zip: CLEWISTON, FL 33440 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: RANDALL N WOOD VPST 04/24/2007