2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# 018026

Entity Name: VISION BANK

Current Principal Place of Business:

2200 STANFORD ROAD
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

2200 STANFORD ROAD
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-0506660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IVERS, MATTHEW
16901 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413 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	( ) Delete
Name:	SIZEMORE, J. DANIEL	
Address:	% 2200 STANFORD ROAD	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	GINN, JOEY W.	
Address:	% 2200 STANFORD ROAD	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	CATHY, WILLIAM A.	
Address:	% 2200 STANFORD ROAD	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	CORE, GEORGE,	
Address:	202 8TH STREET	
City-St-Zip:	PORT ST. JOE, FL	
Title:	CD	( ) Delete
Name:	GASKIN, JERALD D	
Address:	137 W 5TH ST	
City-St-Zip:	WEWAHITCHKA, FL	
Title:	VP	( ) Delete
Name:	HUSBAND, CAROLYN M	
Address:	1010 OLD DAIRY FARM ROAD	
City-St-Zip:	WEWAHITCHKA, FL 32465	

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: MATTHEW IVERS VP 04/25/2006

Electronic Signature of Signing Officer or Director — Date