


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 018245</b> 1. Entity Name PCB, THE COMMUNITY BANK	
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Principal Place of Business 5408 TENTH STREET MALONE, FL	Mailing Address 5408 TENTH STREET MALONE, FL
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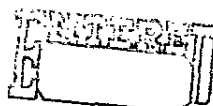
**DO NOT WRITE IN THIS SPACE**



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0238485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent



**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUCKY, RICKY 2049 WHITES DAIRY RD IRON CITY, GA 31750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, JIMMY J 5135 9TH AVENUE MALONE, FL 32445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, ROBERT A 4650 THE OAKS DRIVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDON, GREEN JR 5305 10TH STREET MALONE, FL 32445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIP, TYLER J 4564 RED OAK TRACE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000068303  
02/27/04-80096-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ricky E. Stucky 2/23/04 229-758-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #