## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 018289**

FILED Feb 17, 2005 Secretary of State

Entity Name: FIRST GUARANTY BANK AND TRUST COMPANY OF JACKSONVILLE

	rincipal Place of Business:	New Principal Place of Business:
	S STREET - P.O. BOX 2578 WILLE, FL 32203	
urrent N	lailing Address:	New Mailing Address:
	S STREET - P.O. BOX 2578 WILLE, FL 32203	
il Number	: 59-0566656 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
ame and	l Address of Current Registered Ager	nt: Name and Address of New Registered Agent:
234 KING	LIAN E III G STREET IVILLE, FL 32204 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
GNATU		
	Electronic Signature of Registere	d Agent Date
ction Ca	mpaign Financing Trust Fund Contribution()	
FICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
le: me: dress:	SVP () Delete EMRAN, LILLIAN O. 2949 STARSHIRE COVE	Title: ( ) Change ( ) Addition Name: Address:
y-St-Zip:	JACKSONVILLE, FL	City-St-Zip:
e: me: dress:	D () Delete HAYNES, CALDWELL L 1049 MAY STREET JACKSONVILLE, FL 32204	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
y-St-Zip: ee: me: dress: y-St-Zip: ee: me: dress: y-St-Zip:	D () Delete HAYNES, CALDWELL L 1049 MAY STREET	Title: ( ) Change ( ) Addition Name: Address:
e: me: dress: y-St-Zip: e: me: dress:	D () Delete HAYNES, CALDWELL L 1049 MAY STREET JACKSONVILLE, FL 32204  D () Delete FANT, JULIAN E JR 4062 TIMUQUANA RD	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	D () Delete HAYNES, CALDWELL L 1049 MAY STREET JACKSONVILLE, FL 32204  D () Delete FANT, JULIAN E JR 4062 TIMUQUANA RD JACKSONVILLE, FL 32210  D () Delete CONE, FRED M ESQ 207 INLET DRIVE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

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: LILLIAN O EMRAN SVP 02/17/2005