# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2006**
**Secretary of State**

DOCUMENT# 018289

**Entity Name:** FIRST GUARANTY BANK AND TRUST COMPANY OF JACKSONVILLE

**Current Principal Place of Business:**

1234 KING STREET - P.O. BOX 2578
JACKSONVILLE, FL 32203

**New Principal Place of Business:**

**Current Mailing Address:**

1234 KING STREET - P.O. BOX 2578
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number: 59-0566656** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FANT, JULIAN E III
1234 KING STREET
JACKSONVILLE, FL 32204 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: | SVP | ( ) Delete |
| Name: | EMRAN, LILLIAN O. | |
| Address: | 2949 STARSHIRE COVE | |
| City-St-Zip: | JACKSONVILLE, FL | |
| Title: | D | ( ) Delete |
| Name: | HAYNES, CALDWELL L | |
| Address: | 1049 MAY STREET | |
| City-St-Zip: | JACKSONVILLE, FL 32204 | |
| Title: | D | ( ) Delete |
| Name: | FANT, JULIAN E JR | |
| Address: | 4062 TIMUQUANA RD | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |
| Title: | D | ( ) Delete |
| Name: | CONE, FRED M ESQ | |
| Address: | 207 INLET DRIVE | |
| City-St-Zip: | SAINT AUGUSTINE, FL 32084 | |
| Title: | PD | ( ) Delete |
| Name: | FANT, JULIAN E III | |
| Address: | 1234 KING STREET | |
| City-St-Zip: | JACKSONVILLE, FL 32204 | |
| Title: | SVP | ( ) Delete |
| Name: | ANDERSON, GREGORY | |
| Address: | 4715 IROQUOIS AVENUE | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |

**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: LILLIAN O. EMRAN SVP 02/16/2006

Electronic Signature of Signing Officer or Director — Date