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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60009387

DOCUMENT # 018366

1. Entity Name
THE WARRINGTON BANK

Principal Place of Business	Mailing Address
4093 BARRANCAS AVENUE POST OFFICE BOX 4877 WARRINGTON, FL 32507	4093 BARRANCAS AVENUE POST OFFICE BOX 4877 WARRINGTON, FL 32507

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01232007 Chg-P CR2E034 (12/06)

4. FEI Number 59-0686240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, RAYMOND H 4093 BARRANCAS AVENUE WARRINGTON, FL 32507	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HESS, MARILYN W 4060 BARRANCAS AVE. PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHN K LANE 2315 BRIGHTVIEW PL CANTONMENT FL 32533 5729	☐ Change ☑ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUSSO, GAIL E 403 GIBBS RD. PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CASHIER CINDY BOWDEN (CYNTHIA) 112 ELM ST PENSACOLA FL 32506	☐ Change ☑ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDSON, ROBERT W 141 BAYSHORE DR. PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILPATRICK, MARTHA S 1838 HOLLYHILL RD PENSACOLA, FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$7-3/8	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, RAYMOND H 7832 BAY MEADOWS DR PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, EDWARD J 10 STAR LAKE DR PENSACOLA, FL	XXX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cynthia A Bowden CYNTHIA A BOWDEN 1-25-07 850 455-7351 EXT 231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #