


2006 FOR PROFIT CORPORATION • ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 209089

1. Entity Name
THE CITIZENS BANK OF PERRY



Principal Place of Business Mailing Address

**2000 S BYRON BUTLER PKWY
PERRY, FL 32348 US** **PO BOX 1247
PERRY, FL 32348 US**



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0828474** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DICKERT, JERRY D
2000 S BYRON BUTLER PKWY
PERRY, FL 32348**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	EVP
NAME	HERNDON, LEONARD R
STREET ADDRESS	410 WORLEY WAY
CITY-ST-ZIP	PERRY, FL 32347
TITLE	PD
NAME	BROOKS, ROGER
STREET ADDRESS	511 MANGUM-CLOSE RD
CITY-ST-ZIP	PERRY, FL 32347
TITLE	VP
NAME	BROOKS, MARVIN K
STREET ADDRESS	309 GLENRIDGE RD
CITY-ST-ZIP	PERRY, FL 32347
TITLE	D
NAME	HICKS, MARSHALL
STREET ADDRESS	1114 S. JEFFERSON ST.
CITY-ST-ZIP	PERRY, FL 32348
TITLE	CBD
NAME	DICKERT, JERRY D
STREET ADDRESS	417 PLANTATION RD.
CITY-ST-ZIP	PERRY, FL 32347
TITLE	VP
NAME	CRUCE, JENNIFER
STREET ADDRESS	262 NW WOODPECKER WAY
CITY-ST-ZIP	GREENVILLE, FL 32331

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01/11/06-80056-020 150.00

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: *Leonard R. Herndon* **Leonard R. Herndon, EVP/COO** **01/09/06** **850-584-4411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #