


**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	
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Principal Place of Business 2000 S BYRON BUTLER PKWY PERRY, FL 32348 US	Mailing Address PO BOX 1247 PERRY, FL 32348 US
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01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0828474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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01/11/06-80056-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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