

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 229926

FILED
Jan 19, 2006
Secretary of State

Entity Name: FIRST BANK OF INDIANTOWN

Current Principal Place of Business:

15588 S W WARFIELD BLVD
P O BOX 365
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

15588 S W WARFIELD BLVD
P O BOX 365
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 59-0879274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLETON, EDWARD C.
15588 SW WARFIELD BLVD
INDIANTOWN, FL 34956 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: BEISLER, NIKKI
Address: 2024 SW BRIAROAK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: DC () Delete
Name: POST, ROBERT M
Address: 1130 SW CHAPMAN WAY, #509
City-St-Zip: PALM CITY, FL 34990

Title: DP () Delete
Name: APPLETON, EDWARD C
Address: 15588 SW WARFIELD BLVD.
City-St-Zip: INDIANTOWN, FL

Title: AV () Delete
Name: CHILSON, MILDRED,
Address: SPRING HAVEN ESTATES
City-St-Zip: INDINTOWN, FL

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:

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: NIKKI BEISLER

SVP

01/19/2006

Electronic Signature of Signing Officer or Director

_____ Date