2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# 392679

Entity Name: BANK OF PENSACOLA

Current Principal Place of Business:

7150 N 9TH AVENUE
PENSACOLA, FL 325247885

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12966
PENSACOLA, FL 325912966

New Mailing Address:

FEI Number: 59-1378561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUD, JOSEPH R JR
400 WEST GARDEN STREET
PENSACOLA, FL 32501 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:	CP	( ) Delete
Name:	TAYLOR, W. LUTHER	
Address:	4641 CANOPY ROAD	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	EVD	( ) Delete
Name:	FAIR, ROBERT L	
Address:	1510 BAYSHORE DR	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	SVP	( ) Delete
Name:	SCHUBERT, ASHLEY H JR	
Address:	920 FAIRWAY DR.	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	PD	( ) Delete
Name:	CARTER, THOMAS B	
Address:	2660 CAWDOR CT	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	EVD	( ) Delete
Name:	YOUD, JOSEPH R JR	
Address:	50 HIGHPOINT DR.	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	EVD	( ) Delete
Name:	MCCOY, H CARY	
Address:	4691 SCENIC HWY	
City-St-Zip:	PENSACOLA, FL 32504	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SVP	(X) Change ( ) Addition
Name:	MCKINNEY, REX D JR	
Address:	4225 ROMMITCH LN	
City-St-Zip:	PENSACOLA, FL 32504-445	
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 Section 119.07(3)(i), 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: THOMAS B CARTER PD 04/13/2005

Electronic Signature of Signing Officer or Director — Date