03-12-2007 90375 030 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 444135

1. Entity Name
PEOPLES BANK OF GRACEVILLE

Principal Place of Business	Mailing Address
5306 BROWN ST. P.O. BOX 596 GRACEVILLE, FL 32440	PO BOX 596 GRACEVILLE, FL 32440

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 59-1510993 ☐ 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
WATFORD, DAVID M 5365 CHERRY ST. GRACEVILLE, FL 32440	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 _____ 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, 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	COOP WATFORD, DAVID M 5365 CHERRY ST GRACEVILLE, FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jernigan, Joe (D) P.O Box 728 Graceville, FL 32440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENSON, CHARLES 1717 HWY 2 CAMPBELLTON, FL 32426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sheffield, Joe (D/Sec) P.O Box 28329 Panama City, FL 32411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC MCRAE, C. F 1190 8TH AVENUE GRACEVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Turner, John (D/A. Sec) 125 Wentworth Drive Dothan, AL 36305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GRAHAM, DONALD R 5368 EZELL ST. GRACEVILLE, FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Smith, Carol C(EVP/C) 1255 Sanders Ave. Graceville, FL 32440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAYMER, BRYAN 1188 10TH AVENUE GRACEVILLE, FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Crisp, Benjie, (Sr. VP) 1690 Hwy 2 GRACEVILLE, FL 32440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELHAM, CLIFFORD 1239 HWY 2 GRACEVILLE, FL 32440	☒ 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: _____ 3-6-07 850.263.3267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #