2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696581

FILED Jan 05, 2007 Secretary of State

Entity Name: MERCHANTS & SOUTHERN BANKS OF FLORIDA, INCORPORATED

Current P	rincipal Place	of Business:	New Principal Place	e of Business:
2040 NW GAINESV	67 PL ILLE, FL 32653	US		
Current N	lailing Address	: :	New Mailing Addres	ss:
PO BOX 5 GAINESV	5278 ILLE, FL 32627	US		
FEI Number	: 59-2134861	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cu	urrent Registered Agent:	Name and Address	of New Registered Agent:
2040 NW	IERBERT W 67 PLACE ILLE, FL 32653	US		
	e named entity so e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida. RE:	ubmits this statement for the		ed office or registered agent, or both, Date
in the Stat SIGNATU	e of Florida. RE: Electroni			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electroni	c Signature of Registered Ag Trust Fund Contribution ().	ent	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electronic mpaign Financing S AND DIRECT	c Signature of Registered Ag Trust Fund Contribution (). CORS: Delete	ent	Date
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT VDP ()I MALLINI, G T 2040 NW 67 PL GAINESVILLE, F	C Signature of Registered Ag Trust Fund Contribution (). FORS: Delete FL 32653 US Delete RT W	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS

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: HERBERT W. CLARK S 01/05/2007