

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-04-2005 90410 001 \*\*\*300.00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03302005 Chg-P CR2E034 (10/03)

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| <b>DOCUMENT # F00000003774</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                        |                                                                                                                                                                            |                |          |
| 1. Entity Name<br><b>THE BANK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                        |                                                                                                                                                                            |                                                                                                 |          |
| Principal Place of Business<br><b>17 N. 20TH ST.<br/>BIRMINGHAM, AL 35203</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                                                                        | Mailing Address<br><b>17 N. 20TH ST.<br/>BIRMINGHAM, AL 35203</b>                                                                                                          |                                                                                                 |          |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                        | 3. Mailing Address                                                                                                                                                         |                                                                                                 |          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            |                                                                                                                        | Suite, Apt. #, etc.                                                                                                                                                        |                                                                                                 |          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                                                                                                        | City & State                                                                                                                                                               |                                                                                                 |          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                    | Zip                                                                                                                    | Country                                                                                                                                                                    | 4. FEI Number<br><b>63-0374307</b>                                                              |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                        |                                                                                                                                                                            | Applied For<br>Not Applicable                                                                   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                        |                                                                                                                                                                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |          |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                        | 7. Name and Address of New Registered Agent                                                                                                                                |                                                                                                 |          |
| <b>MCFADDEN, HAMPTON JR.<br/>418 CECIL COSTIN SR. BLVD.<br/>PORT SAINT LUCIE, FL 32456</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                        | Name                                                                                                                                                                       |                                                                                                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                        | Street Address (P.O. Box Number is Not Acceptable)                                                                                                                         |                                                                                                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                        |                                                                                                                                                                            |                                                                                                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                        | City                                                                                                                                                                       | <b>FL</b>                                                                                       | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |                                                                                                                        |                                                                                                                                                                            |                                                                                                 |          |
| <b>FILE NOW!!! FEE IS \$150.00.<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                            |                                                                                                 |          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                      |                                                                                                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P<br/>CARTER, DAVID R<br/>17 N. 20TH ST.<br/>BIRMINGHAM, AL 35203</b> <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>P<br/>C. Marvin Scott<br/>17 N. 20th St.<br/>Birmingham, AL 35203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                      |                                                                                                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>CARTER, DAVID R<br/>17 N. 20TH ST.<br/>BIRMINGHAM, AL 35203</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                          |                                                                                                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>TAYLOR, JAMES A JR.<br/>17 N. 20TH ST.<br/>BIRMINGHAM, AL 35203</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>D<br/>James Maiton Kent, Jr.<br/>2700-Highway-280 South<br/>Birmingham, AL 35253</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |                                                                                                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>FOWLKES, L. JEFFERS<br/>860 MONTCLAIR RD., SUITE 654<br/>BIRMINGHAM, AL 35213</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                          |                                                                                                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>D<br/>Thomas E. Jernigan, Jr.<br/>2000 Morris Ave. Suite 1500<br/>Birmingham, AL 35203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                          |                                                                                                 |          |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>David R. Carter</u> <b>DAVID R. CARTER</b> <u>3/31/05</u> <b>(205) 327-3503</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |                                                                                                                        |                                                                                                                                                                            |                                                                                                 |          |