

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001411

1. Entity Name
BANK OF ALABAMA



Principal Place of Business
**2340 WOODCREST PLACE, SUITE 200
BIRMINGHAM, AL 35209**

Mailing Address
**2340 WOODCREST PLACE, SUITE 200
BIRMINGHAM, AL 35209**



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0698178

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PUCKETT, W. DAN
STREET ADDRESS 2340 WOODCREST PLACE, SUITE 200
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE S
NAME MARSH, CAROL W
STREET ADDRESS 2340 WOODCREST PLACE, SUITE 200
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE D
NAME GRAVES, STANLEY L
STREET ADDRESS 2700 CORPORATE DRIVE, SUITE 120
CITY-ST-ZIP BIRMINGHAM, AL 35242

TITLE D
NAME WOOD, DAVE W II
STREET ADDRESS P.O. BOX 610130
CITY-ST-ZIP BIRMINGHAM, AL 35210

TITLE D
NAME DUNN, H. BRADFORD
STREET ADDRESS P.O. BOX 100759
CITY-ST-ZIP BIRMINGHAM, AL 35210

TITLE D
NAME MCPHERSON, CHARLES K
STREET ADDRESS 2340 WOODCREST PLACE, SUITE 200
CITY-ST-ZIP BIRMINGHAM, AL 35209

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02/14/05-80077-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Carol W. Marsh Carol W. Marsh

Date

02-8-05

205-803-5842

Daytime Phone #