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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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05 MAR 14 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000003657

1. Entity Name
RELIANCE BANK, A MISSOURI BANKING CORPORATION

Principal Place of Business	Mailing Address
6150 DIAMOND CENTRE COURT BUILDING 1000, SUITE 2 FORT MYERS, FL 33912	6150 DIAMOND CENTRE COURT BUILDING 1000, SUITE 2 FORT MYERS, FL 33912

2. Principal Place of Business	3. Mailing Address
6150 Diamond Centre Court	6150 Diamond Centre Court
Suite, Apt. #, etc.: Suite 1002	Suite, Apt. #, etc.: Suite 1002
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33912 Country:	Zip: 33912 Country:

01052005 Chg-P CR2E034 (10/03)

4. FEI Number: 43-1847242 ☐ 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
TATE, HAROLD M 6150 DIAMOND CENTRE COURT BUILDING 1000, SUITE 2 FORT MYERS, FL 33912	Name: Tate, Harold M. Street Address (P.O. Box Number is Not Acceptable): 6150 Diamond Centre Court Suite 1002 City: Fort Myers FL Zip Code: 33912

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: Harold M Tate Harold M. Tate 2/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP VON ROHR, JERRY S RELIANCE BANK, 11781 MANCHESTER ROAD DES PERES, MO 63131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMKO, RICHARD M 14377 WOODLAKE DRIVE CHESTERFIELD, MO 63017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGHMARK, D. SCOTT 10369 CLAYTON ROAD ST. LOUIS, MO 63131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, JASON A 630 AXMINISTER DRIVE FENTON, MO 63026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROWN, DANIEL S 11781 MANCHESTER ROAD DES PERES, MO 63131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/3/14
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAWDER, FORTIS M 515 OLIVE STREET, SUITE 704 ST. LOUIS, MO 63101	☐ 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 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: Jerry S. Von Rohr 02/16/05 (314)965-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #