


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # F06000005695 |  |
| 1. Entity Name MERCHANTS AND FARMERS BANK | |

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| Principal Place of Business 134 W. WASHINGTON STREET KOSCIUSKO, MS 39090 | Mailing Address P.O. BOX 520 KOSCIUSKO, MS 39090-0520 |
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 64-0202960 | Applied For <input type="checkbox"/> Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WIGGERS, SCOTT M 134 W. WASHINGTON STREET KOSCIUSKO, MS 39090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD POTTS, HUGH S JR 134 W. WASHINGTON STREET KOSCIUSKO, MS 39090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V AUTRY, ROBERT K JR 134 W. WASHINGTON STREET KOSCIUSKO, MS 39090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CRANDELL, MICHAEL E 134 W. WASHINGTON STREET KOSCIUSKO, MS 39090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CAMP, JEFFREY A 134 W. WASHINGTON STREET KOSCIUSKO, MS 39090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COPELAND, JOHN 134 W. WASHINGTON STREET KOSCIUSKO, MS 39090 |

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03/07/07-80007-025 158.75

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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 of such other like empowered.

SIGNATURE:  **1-25-07** **662-289-5121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #