

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F59676

1. Entity Name
AMERICAN BANKING CORPORATION



Principal Place of Business
**222 ST RD 60 EAST
222 HIGHWAY 60 EAST
LAKE WALES, FL 33853-748 US**

Mailing Address
**PO BOX 3400
222 HIGHWAY 60 EAST
LAKE WALES, FL 33859-400 US**



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2220745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUTTON, WILLIAM L
222 ST ROAD 60 E
LAKE WALES, FL 33853-3748**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CIO
ERNEST, ROBERT T
620 BEVERLY DR
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SALUD, VIOLETA B
1246 S. HIGHLAND PARK DR.
LAKE WALES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALEXANDER, SARAH JANE
327 SUNSET RD.
BABSON PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JAHNA, EMIL
1390 N CROOKED LAKE DR
BABSON PARK, FL 33827**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PARLIER, MARK S
843 CAMPBELL AVE
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STORY, VICTOR B JR
P.O. BOX 857
BABSON PARK, FL 33827**

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04/29/04-69020-021 150.00

**DO NOT WRITE
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)(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: William L Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04
Date

863-676-7631
Daytime Phone #