

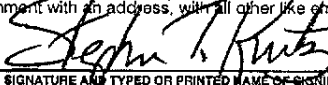


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005265			
1. Entity Name FFLC BANCORP, INC.			
Principal Place of Business 800 N. BOULEVARD W. LEESBURG, FL 34748		Mailing Address P.O. BOX 490420 LEESBURG, FL 34749-0420	
DO NOT WRITE IN THIS SPACE			
		01042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3204891	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KURTZ, STEPHEN T 800 NORTH BLVD., W. LEESBURG, FL 34748		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MUELLER, PAUL K 800 NORTH BLVD., W. LEESBURG, FL 34748		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, JAMES P. 800 NORTH BLVD W LEESBURG, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTRANDER, TED R JR 800 NORTH BLVD, W LEESBURG, FL 34748		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNOD, JOSEPH J 800 NORTH BLVD., W. LEESBURG, FL 34748		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, CLARON D 800 NORTH BLVD., W. LEESBURG, FL 34748		
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:  Stephen T. Kurtz		01/05/05 (352) 787-3311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	