


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90188 016 \*\*\*150.00

<b>DOCUMENT # F94356</b>		
1. Entity Name <b>WAKULLA BANCORP</b>		

Principal Place of Business <b>2932 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 US</b>	Mailing Address <b>P.O. BOX 610 CRAWFORDVILLE, FL 32326 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04122007	Chg-P CR2E034 (12/06)
4. FEI Number <b>59-2302657</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
<b>DODSON, WALTER C JR 2932 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	<b>DODSON, WALTER C JR</b>
STREET ADDRESS	<b>113 HARVEY MILL ROAD</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE, FL 32327</b>
TITLE	DV <input type="checkbox"/> Delete
NAME	<b>GABY, SCOTT W</b>
STREET ADDRESS	<b>208 ROLAND HARVEY ROAD</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE, FL 32327</b>
TITLE	DV <input type="checkbox"/> Delete
NAME	<b>VERSIGA, WILLIAM F</b>
STREET ADDRESS	<b>12 TALL TIMBERS DRIVE</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE, FL 32327</b>
TITLE	DC <input type="checkbox"/> Delete
NAME	<b>BRYANT, GERALD D MD</b>
STREET ADDRESS	<b>2545 NOBLE DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>ROBERTS, WALTER L</b>
STREET ADDRESS	<b>2721 COASTAL HIGHWAY</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE, FL 32327</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>MORRISON, HARRY JR</b>
STREET ADDRESS	<b>1051 LIVE OAK PLANTATION ROAD</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LANDRUM, ROBERT G JR</b>
STREET ADDRESS	<b>1204 EQUESTRIAN WAY</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, with all other like empowered.

<b>SIGNATURE:</b> 	<b>WALTER C. DODSON, JR.</b>	<b>APRIL 16, 2007</b>	<b>850-926-7111</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #