2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # G11879

1. Entity Name
FIVE FLAGS BANKS, INC.

Principal Place of Business	Mailing Address
4093 BARRANCAS AVE. PENSACOLA, FL 32507	P.O. BOX 4877 PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2370635
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KILPATRICK, MARTHA S
1838 HOLLYHILL RD
PENSACOLA, FL 32526

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, RAYMOND H.
STREET ADDRESS	7832 BAY MEADOWS DR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VPD
NAME	MAIR, DONNA
STREET ADDRESS	109 BAYSHORE DR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	SD
NAME	HESS, MARILYN W
STREET ADDRESS	4060 BARRANCAS AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	TD
NAME	KILPATRICK, MARTHA S.
STREET ADDRESS	1838 HOLLYHILL RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	D
NAME	WOODBURY, WILLIAM P
STREET ADDRESS	1061 HARBOURVIE CR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000478059
04/07/06-80015-023 150.00

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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, with all other like empowered.

Martha S. Kilpatrick, Treasurer

SIGNATURE: Martha S. Kilpatrick 3-22-06 (850) 455 7351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #