


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # G11879 1. Entity Name FIVE FLAGS BANKS, INC.		
Principal Place of Business 4093 BARRANCAS AVE. PENSACOLA, FL 32507	Mailing Address P.O. BOX 4877 PENSACOLA, FL 32507	



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2370635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2007 Fee will be \$550.00**

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

**U00000695874
04/17/07-80076-025 150.00**

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Martha S. Kilpatrick, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07 *850-4557351*
Date Daytime Phone #

MARTHA S. KILPATRICK