2007 FOR PROFIT CORPORATION

FILED Anr 09. 2007 08:00 A ate

ANNUAL REPORT				Secretary of St			
1. Entity Nam					S	ecretary	y of St
FIVE FLA	AGS BANKS, INC.						
Principal Plac	ce of Business	Mailing Address					
4093 BARRA		P.O. BOX 4877	Į.				
PENSACOLA,	, FL 32507	PENSACOLA, FL 32507					
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				04052007	No Chg-P	CR2E034 (11/05	5)
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number		├ ──	Applied For
		2011年2月2日 1000年	4/2019	59-23706	35		Not Applicable
The special of the second			4 4 4	5. Certificate of S	tatus Desired	S8.75 A	
	6. Name and Address of Current Re	gistered Agent		1 1 1 1 1 1			
	CK, MARTHA S			י חח א	OT WE	DITE.	
	LYHILL RD DLA, FL 32526			100		Ext. Desirities who	
FENOAGG	JLA, FL 32320			IN TH	IIS SP/	ACE	
i							"说话"。"无。" 《
	e named entity submits this statement for the	ne purpose of changing its register	ed office or registered	d agent, or both, in	the State of Florid	da. I am familiar wit	h, and accept
the obligat	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registers	d Agent signature required w	hen reinstating)		DATE	
l '		Stantian Compaign Final	! * E 0		140000000		
After M	.E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00			May Be to Fees	U000006 04/17/07~8	95874 30076-025	150.00
After M	ay 1, 2007 Fee will be \$550.00 OFFICERS AND DI	Trust Fund Contribution.		May Be to Fees	0000006 14/17/07-8 المحادث	395874 30076-025	150.00
After M	lay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.		May Be to Fees	U000006 04/17/07-8	695874 30076-025	150.00
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI OFFICERS AND DI OFFICERS AND DI ONES, RAYMOND H. 7832 BAY MEADOWS DR	Trust Fund Contribution.		10 May Be to Fees	U000006 04/17/07-6	695874 30076-025	150.00
After M. 10. YITLE NAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND DI OFFICERS AND DI PD JONES, RAYMOND H. 7832 BAY MEADOWS DR PENSACOLA, FL 32507	Trust Fund Contribution.		0 May Be it to Fees	U000006 04/17/07-6	695874 30076-025	150.00
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10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI OFFICERS AND DI JONES, RAYMOND H. 7832 BAY MEADOWS DR PENSACOLA, FL 32507 VPD MAIR, DONNA 109 BAYSHORE DR	Trust Fund Contribution.		May Be it to Fees	U00000F 04/17/07-6	595874 30076-025	150.00
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After M. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI OFFICERS AND DI JONES, RAYMOND H. 7832 BAY MEADOWS DR PENSACOLA, FL 32507 VPD MAIR, DONNA 109 BAYSHORE DR PENSACOLA, FL 32507 SD HESS, MARILYN W 4060 BARRANCAS AVENUE PENSACOLA, FL 32507	Trust Fund Contribution.		DQ N	IOT WF	NIE	150.00
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After M 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI OFFICERS AND DI JONES, RAYMOND H. 7832 BAY MEADOWS DR PENSACOLA, FL 32507 VPD MAIR, DONNA 109 BAYSHORE DR PENSACOLA, FL 32507 SD HESS, MARILYN W 4060 BARRANCAS AVENUE PENSACOLA, FL 32507 TD KILPATRICK, MARTHA S. 1838 HOLLYHILL RD PENSACOLA, FL 32526 D WOODBURY, WILLIAM P	Trust Fund Contribution.		DQ N	IOT WF	NIE	150.00

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR S. KUPATRICK

850-455 · Daytime Phone #

Water Barre Land