

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 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**



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

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, 2008 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

**DO NOT WRITE
IN THIS SPACE**

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04/10/08-80100-003 150.00

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

Martha S. Kilpatrick

3-27-08

850-4557351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #