2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007
Secretary of State

DOCUMENT# G13015

Entity Name: CAPITAL CITY BANK GROUP, INC.

Current Principal Place of Business:

217 N MONROE ST
P O BOX 11248
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

217 N MONROE ST
TALLAHASSEE, FL 32301 US

Current Mailing Address:

C/O DAVIS, KIMBROUGH J.
P. O. BOX 11248
TALLAHASSEE, FL 32302 US

New Mailing Address:

C/O DAVIS, KIMBROUGH J.
217 NORTH MONROE STREET
TALLAHASSEE, FL 32302 US

FEI Number: 59-2273542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, J. KIMBROUGH
217 NORTH MONROE ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: SMITH, WILLIAM G JR
Address: 217 NORTH MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: CHR ( ) Delete
Name: SMITH, WILLIAM G JR
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: EVP ( ) Delete
Name: DAVIS, KIMBROUGH
Address: 217 NORTH MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: DREW, J EVERITT
Address: 1400 OVEN PARK
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: COX. CADER B. III,
Address: 11991 RIVERVIEW ROAD
City-St-Zip: CAMILLA, GA 31730

Title: D ( ) Delete
Name: HUMPHRESS, JOHN K.,
Address: 1040 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. KIMBROUGH DAVIS EVP 06/18/2007

Electronic Signature of Signing Officer or Director Date