

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19959

FILED
Feb 24, 2006
Secretary of State

Entity Name: SEACOAST BANKING CORPORATION OF FLORIDA

Current Principal Place of Business:

815 COLORADO AVENUE
P.O. BOX 9012
STUART, FL 349959012

New Principal Place of Business:

Current Mailing Address:

815 COLORADO AVENUE
P.O. BOX 9012
STUART, FL 349959012

New Mailing Address:

FEI Number: 59-2260678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, DENNIS S III
815 COLORADO AVE.
STUART, FL 34994 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: D () Delete
Name: HUDSON, DENNIS S JR
Address: 157 S RIVER RD, SEWALLS PT
City-St-Zip: STUART, FL 34996

Title: CD () Delete
Name: HUDSON, DALE M
Address: 192 SE HARBOR PT DRIVE
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: HUDSON, DENNIS S III
Address: 2342 NW BAY COLONY COURT
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: CRARY, EVANS JR
Address: 1456 NE OCEAN BLVD, BLDG 7 APT 202
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: CRANE, JOHN H
Address: 7508 SE AUTUMN LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: BRUNER, JEFFEREY C
Address: 282 SE HARBOR POINT DRIVE
City-St-Zip: STUART, FL 34996

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 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: DENNIS S HUDSON III

Electronic Signature of Signing Officer or Director

PRES

02/24/2006

_____ Date