

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28683

FILED
Jan 10, 2005
Secretary of State

Entity Name: HOMOSASSA SPRINGS BANK

Current Principal Place of Business:

4325 S SUNCOAST BLVD
HOMOSASSA, FL 344461179

New Principal Place of Business:

Current Mailing Address:

P O BOX 3599
HOMOSASSA SPRINGS, FL 344473599

New Mailing Address:

FEI Number: 59-1311321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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:

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: BRANNEN, JOSEPH S.,
Address: PO BOX 1533 SHADY LANE N/A
City-St-Zip: INVERNESS, FL

Title: CD () Delete
Name: BRANNEN, GEORGE H II
Address: PO BOX 1929 N/A
City-St-Zip: INVERNESS, FL

Title: D () Delete
Name: HAGAR, THOMAS L.,
Address: PO BOX 309 W. ZEPHYR
City-St-Zip: INVERNESS, FL

Title: PTSD () Delete
Name: DUMAS, BROWN III
Address: P.O. BOX 1471
City-St-Zip: CRYSTAL RIVER, FL 344231471

Title: D () Delete
Name: CHRISTENSEN, ROBERT R
Address: 4 SHORT LEAF CT W
City-St-Zip: HOMOSASSA, FL 344464366

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BROWN DUMAS III

PTSD

01/10/2005

Electronic Signature of Signing Officer or Director

Date