

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28683

FILED  
Jan 13, 2006  
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 ( )

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: PTSD (X) Change ( ) Addition  
Name: DUMAS, BROWN III  
Address: 9791 W DEEPWOODS DR  
City-St-Zip: CRYSTAL RIVER, FL 34428

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: BROWN DUMAS III

PTSD

01/13/2006

Electronic Signature of Signing Officer or Director

Date