


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J06940</b>	
1. Entity Name <b>CITY NATIONAL BANCSHARES, INC.</b>	

Principal Place of Business <b>25 W. FLAGLER ST. MIAMI, FL 33130 US</b>	Mailing Address <b>ATTN: FINANCE DEPARTMENT PO BOX 025620 MIAMI, FL 33102-5620 US</b>
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**DO NOT WRITE IN THIS SPACE**

03182005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2771814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SHOCKETT, WILLIAM  
25 W FLAGLER ST  
MIAMI, FL 33130**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP BRADY, THOMAS B 25 W FLAGLER ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHOCKETT, WM. 25 W. FLAGLER ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABESS, LEONARD L. JR 25 W. FLAGLER ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABESS, ALLAN T. JR 25 W. FLAGLER ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PATLA, PATRICIA R 25 W FLAGLER ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP CAMP, PATRICIA 25 W. FLAGLER ST. MIAMI, FL

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03/25/05-00046-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Patricia M. Camp Patricia M. Camp 3-22-05 305-577-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #