

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49110

FILED
Apr 11, 2007
Secretary of State

Entity Name: FLORIDA FIRST CITY BANKS, INC.

Current Principal Place of Business:

135 PERRY AVE, SE
P.O. BOX 2977
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

135 PERRY AVE, SE
FT. WALTON BEACH, FL 32548 US

Current Mailing Address:

PO BOX 2977
FT WALTON BCH, FL 32549 US

New Mailing Address:

135 PERRY AVENUE
FT WALTON BCH, FL 32548 US

FEI Number: 59-2850066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMSLEY, JAMES W ESQUIRE
909 MAR WALT DRIVE
1910
FT. WALTON BEACH, FL 32547 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: ABERNETHY, JAMES T
Address: 547 POCAHONTAS DR
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: DP () Delete
Name: BENNETT, ROBERT E JR
Address: 35 MARLBOROUGH ROAD
City-St-Zip: SHALIMAR, FL 32579 US

Title: DC () Delete
Name: MCGEE, JOHN C.,
Address: 259 YACHT CLUB DR.
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: S () Delete
Name: ALDRIDGE, STEVEN G
Address: 47 BAY DRIVE N.E.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D () Delete
Name: LANGSTON, JAMES H,
Address: 520 ELLIOTT RD
City-St-Zip: FT WALTON BCH, FL 32548 US

Title: D () Delete
Name: PRYOR, FREDERICK L
Address: 621 W. MIRACLE STRIP PARKWAY
City-St-Zip: MARY ESTHER, FL 32569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: BENNETT, ROBERT E JR
Address: 618 D MOONEY ROAD
City-St-Zip: FT. WALTON BEACH, FL 32547S US

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: STEVEN G. ALDRIDGE

S

04/11/2007

Electronic Signature of Signing Officer or Director

Date