

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49110

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: FLORIDA FIRST CITY BANKS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

135 PERRY AVENUE  
FT WALTON BCH, FL 32548 US

## New Mailing Address:

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:

GRIMSLEY, JAMES W ESQUIRE  
909 MAR WALT DRIVE  
# 1014  
FT. WALTON BEACH, FL 32547 US

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: JAMES W. GRIMSLEY,ESQUIRE

04/15/2008

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: 618 D MOONEY ROAD  
City-St-Zip: FT. WALTON BEACH, FL 32547S 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: ( ) 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 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

04/15/2008

Electronic Signature of Signing Officer or Director

Date