

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # J65566

1. Entity Name
THE HERNANDO COUNTY BANK



Principal Place of Business
**1187 S BROAD ST
BROOKSVILLE, FL 34601-0111**

Mailing Address
**PO BOX 10289
BROOKSVILLE, FL 34603-0289**



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2834272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NOT REQUIRED
PURSUANT TO FLORIDA STATUTES
CHAPTER 607.034(2), FL

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRANNEN, JOSEPH S.
8394 E GULF TO LAKE HWY
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OSWALD H. WAYNE
1380 S. WATERVIEW DR
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUMAS, BROWN, JR.
291 S. GARDENIA TERR
CRYSTAL RIVER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRANNEN II, GEORGE H
3300 S PLEASANT GROVE RD
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHEFFIELD, CHARLES G.
9848 DOMINGO DRIVE
BROOKSVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000102606
04/05/04-80021-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Charles G. Sheffield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2004 352-799-2265

Date

Daytime Phone #