


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # J65566 1. Entity Name THE HERNANDO COUNTY BANK	
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Principal Place of Business 1187 S BROAD ST BROOKSVILLE, FL 34601-0111	Mailing Address PO BOX 10289 BROOKSVILLE, FL 34603-0289
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2834272	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	

**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 11, 2005

Date Daytime Phone #