2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # J65566

1. Entity Name
THE HERNANDO COUNTY BANK

Principal Place of Business	Mailing Address
1187 S BROAD ST BROOKSVILLE, FL 34601-0111	PO BOX 10289 BROOKSVILLE, FL 34603-0289

04122006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRANNEN, JOSEPH S.
STREET ADDRESS	8394 E GULF TO LAKE HWY
CITY-ST-ZIP	INVERNESS, FL
TITLE	D
NAME	OSWALD H. WAYNE
STREET ADDRESS	1380 S. WATERVIEW DR
CITY-ST-ZIP	INVERNESS, FL
TITLE	D
NAME	DUMAS, BROWN, JR.
STREET ADDRESS	291 S. GARDENIA TERR
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	D
NAME	BRANNEN II, GEORGE H
STREET ADDRESS	3300 S PLEASANT GROVE RD
CITY-ST-ZIP	INVERNESS, FL
TITLE	D
NAME	SHEFFIELD, CHARLES G.
STREET ADDRESS	9848 DOMINGO DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524135
05/03/06-80102-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 S. Sheffield April 17, 2006 (352)799-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #