## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # J65566** 1. Entity Name



**FILED** Apr 25, 2007 08:00 Al Secretary of State

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



## DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2834272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 

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

	named entity submits this statement for the pur ions of registered agent	pose of changing its registere	d office or re	egistered ag	ent, or both, i	in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it a	oplicable (NOTE: Registered	i Ageni signature	required when re	enstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	<b>\$5.00</b> N Added to I		
10.	OFFICERS AND DIRECT	ORS				
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		,			000000731707 05/09/07-80015-025 150.00
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D DUMAS, BROWN, JR. 291 S. GARDENIA TERR CRYSTAL RIVER, FL				DO N	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNEN II, GEORGE H 3300 S PLEASANT GROVE RD INVERNESS, FL		· .	« .	IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFIELD, CHARLES G. 9848 DOMINGO DRIVE BROOKSVILLE, FL		9	1		
TITLE NAME STREET ADDRESS			, , , , , , , , , , , , , , , , , , ,			

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 of vustee 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 ampowered.

SIGNATURE: