2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# J65663

Entity Name: BANKTRUST

Current Principal Place of Business:

7770 HWY 98 W
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

7700 HWY 98 W
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

P.O. BOX 1230
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2775405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KNOWLES, PETE
Address: 259 BAYWINDS DR.
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: CONERLY, TRACY
Address: PO BOX 131
City-St-Zip: DESTIN, FL 32540

Title: D ( ) Delete
Name: WALLACE, DENNIS
Address: 244 MATTIES WAY
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: BARTH, JAMES
Address: 4636 SUNSET POINTE
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: RESTER, JAMES M
Address: 176 WEST BERMUDA DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: V ( ) Delete
Name: HOLLEY, KIMBERLY
Address: 797 PINE STREET
City-St-Zip: DESTIN, FL 32541

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 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 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: AMY SANDERS AVP 02/09/2005
Electronic Signature of Signing Officer or Director Date