

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72639

FILED
Jul 01, 2004
Secretary of State

Entity Name: FIRST COMMUNITY BANK

Current Principal Place of Business:

21 S CHARLES RICHARD BEALL BLVD.
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

PO BOX 740278
ORANGE CITY, FL 32774

New Mailing Address:

FEI Number: 59-2829346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLERT, TIMOTHY W DP
2329 RIVERRIDGE RD.
#12
DELANO, FL 32720 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAUL, HARLAN
Address: 675 OAKTREE TERRACE
City-St-Zip: DELAND, FL

Title: D () Delete
Name: WILSON, OSCAR
Address: 734 PINE SHORES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL

Title: D () Delete
Name: LACEY, EDWARD
Address: 2327 SOUTHERN PINES PLACE
City-St-Zip: DELAND, FL

Title: D () Delete
Name: EVANS, MILTON E
Address: 1473 VOLUSIA AVE
City-St-Zip: ORANGE CITY, FL

Title: D () Delete
Name: HEARD, RICHARD O
Address: 205 BARRINGTON AVE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: MCMILLON, MILTON
Address: 900 SPRING GARDEN RANCH RD
City-St-Zip: DELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change () Addition
Name: ENGLERT, TIMOTHY W
Address: 2329 RIVER RIDGE RD NO. 12
City-St-Zip: DELAND, FL 32720

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: TIMOTHY W ENGLERT

PD

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date

STEVE HAYMAN
998 TORCHWOOD DR
DELAND FL 32724

HARLAN PAUL
975 OAK TREE TERR
DELAND FL 32721