2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75264

Entity Name: SOUTHERN COMMERCE BANK

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:			
Current Pi	illicipal Place	or business.	New Pillio	ipai Piace of Busiliess.	
	CKENRIDGE F	PARK DR			
SUITE 110 TAMPA, FL		3			
Current Mailing Address:		New Mailing Address:			
PO BOX 3	10107				
	336800107	US			
FEI Number:	59-2602009	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ((X)
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	DCP ()	Delete	Title:	() Change () Addition	
Name:	WILSON, THON		Name: Address:		
Address: City-St-Zip:	4600 WEST SU TAMPA, FL 336		City-St-Zip:		
T:41	D ()	Dalata	T:H	() Ob an and () O deliking	
Title: Name:	D () BERDAN, THOM	Delete //AS M	Title: Name:	()Change ()Addition	
Address:	3388 OAKMON		Address:		
City-St-Zip:	LONGWOOD, F	L 32779 US	City-St-Zip:		
Title:	S ()	Delete	Title:	() Change () Addition	
Name:	ROBERTS, ELI		Name:	()	
Address:	9207 HOLLYRII	DGE PL	Address:		
City-St-Zip:	TEMPLE TERR	ACE, FL 33637 US	City-St-Zip:		
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	MITCHELL, JOH	IN O	Name:		
Address:	2777 W GULF I		Address:		
City-St-Zip:	SANIBEL, FL 3	3957 US	City-St-Zip:		
Title					
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	PROSSEN, RA	/MOND J	Name:	() Change () Addition	
Name: Address:	PROSSEN, RA 11509 CERCA	/MOND J DEL RIO PL.	Name: Address:	()Change ()Addition	
Name:	PROSSEN, RA 11509 CERCA	/MOND J	Name:	()Change ()Addition	
Name: Address: City-St-Zip: Title:	PROSSEN, RAY 11509 CERCA TEMPLE TERR	/MOND J DEL RIO PL. ACE, FL 33617 US Delete	Name: Address: City-St-Zip: Title:	D (X) Change () Addition	
Name: Address: City-St-Zip:	PROSSEN, RA 11509 CERCA TEMPLE TERR	/MOND J DEL RIO PL. ACE, FL 33617 US Delete	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 Chapter 119, 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: ELIZABETH A ROBERTS SEC 04/25/2006