



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90035 026 ***158.75

DOCUMENT # J82990 1. Entity Name FIRST BANK OF JACKSONVILLE					
Principal Place of Business 11100 SAN JOSE BLVD. P.O. BOX 56530 JACKSONVILLE, FL 32241-7000 32223				Mailing Address 11100 SAN JOSE BLVD. P.O. BOX 56530 JACKSONVILLE, FL 32241-7000 32223	
2. Principal Place of Business 11100 San Jose Blvd.		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012005 Chg-P CR2E034 (10/03)	
City & State Jacksonville, FL		City & State		4. FEI Number 59-2907383	
Zip 32223		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AVERY, JOHN T 11100 SAN JOSE BOULEVARD P.O. BOX 56530 JACKSONVILLE, FL 32241-6530				7. Name and Address of New Registered Agent Name Delaparte, Cynthia J. Street Address (P.O. Box Number is Not Acceptable) 11100 San Jose Boulevard City Jacksonville FL Zip Code 32223	
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 <u>Cynthia J. Delaparte, President and CEO</u> <u>April 1, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVERY, JOHN T <input checked="" type="checkbox"/> Delete 4066 LAZY HOLLOW LANE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delaparte, Cynthia J. 413 Kentucky Branch Lane, Jacksonville, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HOYT, CHRISTOPHER 4816 YACHT CLUB ROAD JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harry R. Trevett 7849 James Island Way Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WELLS, ALFRED W JR 4234 LAKESIDE DR JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mock, William J., Jr. 1934 Sunrise Drive Fernandina Beach, FL 32035	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WELLS, MOSS S 3122-7 LEON ROAD JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition De Santo, Michael 3621 Silvery Lane Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WHEELER, R. LAMAR JR 13842 SPARTANBURG CT JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jones-Carter, Elaine 8019 Acorn Ridge Rd. Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Page 2 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Terry A. Moore 1951 Largo Road Jacksonville, FL 32207	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Cynthia J. Delaparte</i></u> Cynthia J. Delaparte 4/4/2005 904.262.1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

First Bank of Jacksonville
2005 For Profit Corporation
Annual Report – Page 2

#582990

D
Root, Richard D.
8444 Stables Road
Jacksonville, FL 32256

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Avery, John T.
4066 Lazy Hollow Lane
Jacksonville, FL 32257