

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # J82990 1. Entity Name FIRST BANK OF JACKSONVILLE	
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Principal Place of Business 11100 SAN JOSE BLVD. JACKSONVILLE, FL 32223	Mailing Address 11100 SAN JOSE BLVD. JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2907383	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LAPARTE, CYNTHIA J
11100 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DE LAPARTE, CYNTHIA J 413 KENTUCKY BRANCH LANE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREVETT, HARRY R 7849 JAMES ISLAND WAY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, WILLIAM J JR 1934 SUNRISE DR FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE SANTO, MICHAEL 3821 SILVERY LANE JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES-CARTER, ELAINE 8019 ACORN RIDGE RD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, TERRY A 1951 LARGO RD JACKSONVILLE, FL 32207

000000485815
04/13/06-80009-017 150.00

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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 or trustee empowered to execute this report as required by Chapter 807, 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: Cynthia J. Delaparte 3/27/06 904-762-9035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #