

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 13 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50009183



DOCUMENT # J84485			
1. Entity Name MERCANTILE BANK			
Principal Place of Business 100 SOUTH ORANGE AVENUE SUITE 100 ORLANDO, FL 32801 US		Mailing Address 100 SOUTH ORANGE AVENUE SUITE 100 ORLANDO, FL 32801 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03292008		Chg-P CR2E034 (11/05)	
4. FEI Number 59-2909288		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHENEY, ANDY 1560 N ORANGE AVE STE 300 WINTER PARK, FL 32789		Name Kendall Spencer Street Address (P.O. Box Number is Not Acceptable) 100 South Orange Ave. Suite 100 City Orlando FL Zip Code 32801	
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 shareholder agent and fee if applicable) (NOTE: Registered Agent signature required under Amendment) (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D CHENEY, ANDREW B. 1560 NORTH ORANGE AVENUE, SUITE 300 WINTER PARK, FL 32789 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	President Kendall Spencer 100 South Orange Ave, Suite 100 Orlando, FL 32801 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CAUSEY, PAUL D. 1560 NORTH ORANGE AVENUE, SUITE 300 WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	100 South Orange Ave, Suite 100 Orlando FL 32801 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BRANT, WILLIAM R. 1560 NORTH ORANGE AVENUE, SUITE 300 WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	100 South Orange Ave, Suite 100 Orlando, FL 32801 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D METZ, M. RODNEY 1560 NORTH ORANGE AVENUE, SUITE 300 WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	100 South Orange Ave, Suite 100 Orlando, FL 32801 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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 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>Smithy K. Schools</u>		4/3/06 (864) 255-8980	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date (Daytime Phone #)	