

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K36051

FILED
Apr 21, 2004
Secretary of State

Entity Name: CNB FLORIDA BANCSHARES, INC.

Current Principal Place of Business:

9715 GATE PARKWAY NORTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9715 GATE PARKWAY NORTH
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-2958616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROWELL, K C
9715 GATE PARKWAY NORTH
JACKSONVILLE, FL 32246 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: TROWELL, K.C.
Address: 500 OCEAN FRONT
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: BULLARD, AUDREY S
Address: S. HWY. 47, P.O. BOX 766
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: ANDREWS, THOMAS R
Address: 19 SOLANA RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: PRITCHETT, MARVIN H
Address: 1050 S.E. 6TH ST
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: LAND, RAYMON S
Address: HWY 27 E & CRAVEN ST
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: STREICHER, WILLIAM J
Address: RT 13 BOX 184
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: TROWELL, K.C.
Address: 1331 WINDSOR HARBOUR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

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: D (X) Change () Addition
Name: SKINNER, HAL
Address: 50 N. LAURA STREET BARNETT CENTER
City-St-Zip: JACKSONVILLE, FL 32201

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: K.C. TROWELL

_____ Electronic Signature of Signing Officer or Director

DC

04/21/2004

_____ Date