

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K59519

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: BANKERS' BANCORPORATION OF FLORIDA, INC.

## Current Principal Place of Business:

615 CRESCENT EXECUTIVE CT  
SUITE 400  
LAKE MARY, FL 32746 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 958423  
LAKE MARY, FL 327958423 US

## New Mailing Address:

FEI Number: 59-2927007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HICKS, RICHARD A CFO/SEC  
615 CRESCENT EXECUTIVE CT  
SUITE 400  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

MCKILLOP, JAMES H III  
615 CRESCENT EXECUTIVE CT  
SUITE 400  
LAKE MARY, FL 32746 US

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: JAMES H MCKILLOP III

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VST ( ) Delete  
Name: HICKS, RICHARD A CFO/SEC  
Address: 615 CRESCENT EXECUTIVE CT STE 400  
City-St-Zip: LAKE MARY, FL 32746

Title: PD ( ) Delete  
Name: MCKILLOP, JAMES H III  
Address: 615 CRESCENT EXECUTIVE CT STE 400  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: BRYANT, GREGORY W  
Address: 2202 N. WESTSHORE BLVD., STE 150  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: DODSON, WALTER C JR  
Address: 2932 CRAWFORDVILLE HIGHWAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: SPIRO, CYRIL S  
Address: 2205 UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33329

Title: D ( ) Delete  
Name: WILLIAMS, JOSEPH H  
Address: 300 WEST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TRANTER, JOHN E  
Address: 2400 S.E. MONTEREY RD, STE 200  
City-St-Zip: STUART, FL 34996 US

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: FANT, JULIAN E III  
Address: 1234 KING STREET  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D (X) Change ( ) Addition  
Name: CARRAWAY, F W III  
Address: 200 EAST WASHINGTON STREET  
City-St-Zip: MONTICELLO, FL 32344

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: JAMES H. MCKILLOP III

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date