
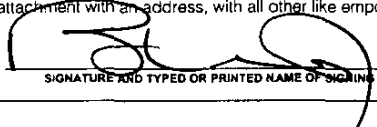


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90008 001 ***150.00

DOCUMENT # K82374 1. Entity Name FIRST FLORIDA TRUST, INC.					
Principal Place of Business 1200 THOMASVILLE RD. TALLAHASSEE, FL 32303 US			Mailing Address P.O. BOX 13407 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6949751	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, WILLIAM H JR. 1200 THOMASVILLE RD. TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	CBOD TOALE, DAVID V 40 N. ORANGE AVE. SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2918 Ave. E. Holmes Beach, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOB QUATTLEBAUM, EARL 1201 S. OLIVE AVE. WEST PALM BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO IRWIN, HARRIET 1200 THOMASVILLE RD. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEGGS, ASHLEY P 301 N. ORANGE STREET MADISON, FL 32340	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, JOANNE H 167 VINING COURT ORMOND BEACH, FL 321766642	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLEY, DAVID P 265 SOUTH NOKOMIS AVE VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	720 Cadiz Road Venice, FL 34285
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: 			W. H. Williams, Jr. 2-8-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			850.425.1340		

ATTACHMENT 40015800

2007 For Profit Corporation Annual Report

2nd Page of 2007 Annual Report

DOCUMENT # K82374

1. Entity Name:

First Florida Trust, Inc.

2. Principal Place of Business:

1200 Thomasville Road
Tallahassee, FL 32303

3. Mailing Address:

P.O. Box 13407
Tallahassee, FL 32317

4. FEI Number:

59-6949751

6. Name and Address of Current Registered Agent:

Williams, William H. Jr.
1200 Thomasville Road
Tallahassee, FL 32303

7. Name and Address of New Registered Agent

Name
Address
City State Zip

12. OFFICERS AND DIRECTORS:

13. ADDITIONS/CHANGES & DIRECTORS IN 12

Title P/D
Name William H. Williams, Jr.
St. Address 1200 Thomasville Road
City-St-Zip Tallahassee, FL 32303

☐ DELETE

Title ☐ Change ☐ Addition
Name
St. Address
City-St-Zip

Title D
Name Dolores Garcia
St. Address 100 South Ashley Drive, FL4015 Ste 1000
City-St-Zip Tampa, FL 33602

☐ DELETE

Title ☒ Change ☐ Addition
Name
St. Address 1753 Pinnacle Drive Mail Code VA 1993
City-St-Zip McLean, VA 22102

Title D
Name Andrew J. Hafer
St. Address 2407 South Dundee Street
City-St-Zip Tampa, FL 33629

☐ DELETE

Title ☐ Change ☐ Addition
Name
St. Address
City-St-Zip

Title D
Name Judith Ralph
St. Address 7001 Northwest 4th Street
City-St-Zip Plantation, FL 33317

☐ DELETE

Title ☐ Change ☐ Addition
Name
St. Address
City-St-Zip

Title D
Name Kenneth L. Roberson
St. Address 2151 Tamiami Trail
City-St-Zip Port Charlotte, FL 33948

☐ DELETE

Title ☐ Change ☐ Addition
Name
St. Address
City-St-Zip